

Armored with strength: Sense of purpose, critical consciousness, and social support among college students of Color

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Boston College
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Counseling Psychology

ARMORED WITH STRENGTH: SENSE OF PURPOSE, CRITICAL
CONSCIOUSNESS, AND SOCIAL SUPPORT AMONG COLLEGE
STUDENTS OF COLOR

Dissertation

By

LYNN Y. WALSH-BLAIR

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Armored with strength: Sense of purpose, critical consciousness, and social support among
college students of Color

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ABSTRACT

The relationship between race-related stress (RRS) and negative mental health outcomes has been well documented in research (Carter, 2007; Pinterse, Carter, Evans, & Walter, 2010). Emerging adulthood is a pivotal and challenging time when college students of color enrolled in predominantly White institutions (PWI) encounter RRS in college settings that are microcosms of the larger social environment. Despite the risks associated with RRS, students of color demonstrate a multitude of psychological strengths and well-being. The current study applies developmental contextual and strength-based frameworks to better understand the factors that contribute to positive psychological outcomes despite the presence of RRS. More specifically, this study examined the contributions of social support, sense of purpose, and critical consciousness to well-being and the role of these factors in moderating the relationship between race-related stress (RRS) and well-being.

A sample of 196 undergraduate students of color attending a PWI in the Northeast participated. Students completed an on-line survey assessing their subjective experiences of RRS, social support, sense of purpose, critical consciousness, depressive symptoms and self-esteem. Hierarchical multiple regressions revealed that social support moderated the relationship between RRS and psychological well-being, decreasing the strength of the relationship. Lower depression and higher self-esteem were associated with sense of purpose and critical consciousness. The current study confirms the relationship between RRS and

negative psychological well-being and identifies individual strengths (e.g., sense of purpose and critical consciousness) that explain well-being beyond the negative effects of RRS. This study adds to existing research with students of color in higher education by utilizing a strengths-based perspective and highlighting the strengths of students of color. Implications for theory, research, and practice in the college setting are explored.

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CHAPTER 1 – INTRODUCTION

College enrollment has risen 22% over a decade between 2000 and 2010 (Davis & Bauman, 2013). For young adults, this transitional period may be a time of renewed independence and self-exploration. Transitioning to college may also mean an increased risk for negative psychological health related symptoms associated with changes in multiple supportive networks and systems within an individual's life (DeRosier, Frank, Schwartz, & Leary, 2013; Stephens, Hamedani, & Destin, 2014). With emphasis on college students of color, scholars have found increased risks for depression and other negative psychological symptoms (Borders & Liang, 2011; Wei, Heppner, & Liao, 2010).

In psychology and other health-related fields, research has revealed that perceived discrimination and racial stress can have lasting negative effects on individuals and groups of people (Carter, 2007; Harrell, 2000; Sue & Sue, 2003). Among the many students of color attending predominantly White universities (PWI), some may experience increased and complex disruptions in social networks and environmental support. Subsequently, these disruptions potentially place them at risk for problems in academic achievement and psychological health (Allen, Teranishi, Dinwiddie, & Gonzalez, 2002; Newman, Mmeje, & Allen, 2012). Yet, given these circumstances, there remain many youths and young adults who are exposed to race-related stress and experience positive psychological outcomes (Nicolas, Helms, Jernigan, Sass, Skrzypek, & DeSilva, 2008; Robinson & Ward, 1991; Ward, 1996). This study seeks to examine some mechanisms that help to buffer the harmful effects of racial stress and perceived discrimination – for college-aged students of color – to yield outcomes of positive psychological well-being.

There is a significant body of research suggesting links between race-related stress and negative psychological outcomes (Carter, 2007; Harrell, 2000; Sue & Sue, 2003). Particularly for college-aged students, depression is understood to be multi-determined, associated with changes in multiple domains, (e.g., academic, family support, social networks, and campus climate) (DeRosier et al., 2013; Stephens et al., 2014). Additionally, a substantial amount of research and theory considers individuals who experience great adversity, who are able to overcome negative obstacles, and have positive outcomes, as being *resilient* (Cicchetti & Sroufe, 2000; Masten & Coatsworth, 1998; Rutter & Sroufe, 2000; Sameroff, 2000). A developmental contextual perspective (Cicchetti, 1990; Rutter & Sroufe, 2000; Lerner, Walsh, & Howard, 1998; Sameroff, 2000; Walsh, Gaslassi, Murphy, & Park-Taylor, 2002) can be helpful for identifying the sources of risk and assets across varied contexts that enable young people to achieve positive developmental outcomes, including psychological well-being (Damon, 2004; Jellicic, Bobek, Phelps, Lerner & Lerner, 2007; Lerner et al., 2005; Zimmerman, Phelps, & Lerner, 2008).

Developmental contextualism is a meta-theory that recognizes the integration and interdependence of the biological, psychological, and social realms of an individual's life (Lerner et al., 1998). Historically, theories of psychological human development have been oriented within unidirectional stages, which tend to conclude around late adolescence or age 18 (Erikson, 1950; Piaget, 1970). Although developmental theorists may have intended consideration across the entire lifespan, many theories were not applicable or did not gain publicity beyond the adolescent years (Walsh, et al., 2002). In contrast, developmental contextual theory emphasizes holistic human development across

the lifespan. Research and theory during early adulthood (Arnett, 2000) and aging (Vacha-Haase, Hill, & Bermingham, 2012) suggest a continuous process of growth and development. Arnett (2000) identifies “emerging adulthood” – typically 18 to 25 year olds – as a distinct post-adolescent developmental period characterized by identity and career development and life exploration. Investigation of the varied contexts and influences that maintain adaptive and maladaptive development beyond adolescence, across emerging adulthood and after, is undeniably important. This study adopts a developmental contextual perspective, to assess a set of psychological factors that contribute to risk and provide resilience for persons of color as emerging adults.

The influence of social, political, and cultural similarities and differences, within and between groups of people, is paramount to the discussion of developmental contextual theory. Individuals are historically embedded in the sociocultural and sociopolitical contexts in which they live. Developmental contextual theory recognizes diversity in context – both proximal and distal – among individuals, and in the interplay between them (Lerner et al., 1998). People of color in the United States have historically experienced oppression based on phenotype and accompanying social and contextual race-related stress (Harrell, 2000; Pieterse & Carter, 2010) related to discrimination (Huynh & Fuligni, 2010; Seaton, 2009), prejudice (Ashburn-Nardo, Monteith, Arthur, & Bain, 2007), harassment (Buchanan, Bergman, Bruce, Woods, & Lichty, 2009), and stereotype threat (Steele & Aronson, 1995). These experiences can thus affect pose threats to individuals’ psychological development as they strive to make sense of how the world perceives them and how they perceive themselves (Carter, 2007).

In his comprehensive discussion of the pernicious effects of race-related stress, Carter defines the term *people of color* (POC) to represent American individuals who have “historically [been] disenfranchised, [those persons of] Black/African, Hispanic/Latino, Asian/Pacific Islanders, Native-Indigenous Indians, and biracial people” (pp. 18, 2007). The present study will also utilize this definition when discussing POC.

The Black/African American community has unfortunately experienced generations of physical and psychological harm in the United States (Carter, 2007; Harrell, 2000). Tremendous efforts have been made over the years to understand Black/African American psychological development (Helms & Cook, 1999) and stress experiences (Carter, 2007) in addition to their resistance to negative developmental influences (Gilligan, Rogers, & Tolman, 1991; Leadbeater & Way, 1996).

Racism and other forms of discrimination are not exclusive to the Black/African American population, however. Other groups of POC have been targets of oppression since the formation of the United States, but their stories have not always been highly publicized in the racial stress discourse. Psychological research is making efforts to add to this literature on outcomes of racial stress for multiple groups of people, including the devastating experiences of collective trauma and oppression that have plagued American Indians/Alaskan Natives and other indigenous Peoples of the Americas for generations (Heart, Chase, Elkins, & Altschul, 2011). Some Asian Americans – a group of people who have often been identified as the “model minority” – have demonstrated symptoms of racial and emotional distress, not being immune to discrimination as the model minority label might suggest (Lee, Juon, Matinez, Hsu, Robinson, Bawa, & Ma, 2009; Qin, Way, & Mukherjee, 2008; Sue, Bucci, Lin, Nadal, & Torino, 2007).

In recent years, other diverse groups have been targeted related to political and national events. Since the 9/11 terrorist attacks on the World Trade Center, Arab and Muslim Americans have reported increased experiences of hate-crimes (Disha, Cavendish, & King, 2011) and decreased levels of satisfaction and psychological well-being (Padela & Heisler, 2010). Latino/a individuals, both foreign and native born to the United States, have reported psychological, economic, and social difficulties as they often contend with questions around their immigration status in the context of political debate (Martinez, McClure, Eddy, & Wilson, 2011; Provine & Sanchez, 2011; Rivera, Lopez, Guarnaccia, Rameirez, Glorisa, et al., 2011).

Clearly research and theory are expanding beyond the Black/African American experience to include additional groups of people who have been disenfranchised based on race. What is common across all of these groups is the experience of psychological injury, associated with race-related events. Individuals within these varied diverse groups are often viewed as *one* group who are in the minority, targeted and oppressed.

Despite these negative race-related stressful experiences, significant research has also demonstrated positive links between social support and other strength-based factors with well-being (Demaray & Malecki, 2002; Miller & Striver, 1997; Roeser, Eccles, & Sameroff, 1998). Strengths-based theory and research focusing on efforts to resist stereotypes and to reframe identity development have garnered attention for Black/African American urban girls (Gilligan, et al., 1991; Leadbeater & Way, 1996). Robinson and Ward (1991), for example, suggest that Black/African American urban girls often resist negative concepts of their group, and instead develop adaptive, healthy identities, which ultimately lead to liberation. Given evidence that many racially diverse

groups experience racial stress, there is a need to include all POC in strengths-based research that will aid in the understanding the mechanisms of resistance against race-related stress.

Resistance theories build upon the notion that while some people who experience race-related stress develop maladaptive behaviors and symptoms, other individuals – despite experiencing race-related stress – develop adaptive ways of coping. What enables the latter group of individuals to resist and maintain positive outcomes of well-being? What are the developmental contextual influences that aid in the resistance of race-related stress for all individuals who have these experiences?

Counseling psychologists articulate the dangers of focusing only on deficits of development and pathology, rather than emphasize the importance of recognizing strengths (Nicholas et al., 2008; Walsh et al., 2002). Acknowledging both risks and strengths in development is also aligned with holistic models of development, including developmental contextualism (Lerner et al., 1998). Research emanating from the developmental contextual model has identified a number of development risk and protective factors that moderate the negative effects of racial stress; several of which are potentially relevant to the development contextual risks considered in this study.

For example, social support has long been studied as a robust variable associated with positive developmental outcomes, including psychological well-being (Demaray & Malecki, 2002; Miller & Striver, 1997; Roeser, et al., 1998; Wei et al., 2010). Research has assessed many sources of support, including support from parents, siblings and other close relatives or kinships (Chavez & French, 2007; Delgado, Updegraff, Roosa, & Umaña-Taylor, 2011; Juang & Alvarez, 2010; Wei, et al., 2010); peer support (Han &

Lee, 2011); teacher and academic support (Kenny, Walsh-Blair, Blustein, Bempechat, & Seltzer, 2010); and community support (Stanton-Salazar & Spina, 2003). These sources of support are relevant for emerging adults during their transition into adulthood. When students transition out of high school and into higher education, often times this transition involves coping with new living environments, changes in familial dynamics (Ahn, Kim, & Park, 2009; Chae, Lee, Lincoln, & Ihara, 2012; Crockett, Iturbide, Torres Stone, McGinley, Raffaelli, & Carlo, 2007), new peers (Denis, Phinney, & Chuateco, 2005; Morley, 2007), as well as the experience of a stressful academic climate and high expectations (Hall, Cabrera & Milem, 2011; Solorzano, Ceja & Yosso, 2000).

For some students of color, higher education may be their first transition and experience in a predominantly White community setting (Newman et al., 2012). Kenny & Perez (1996) found that family support, as assessed by parental attachment, was inversely associated with psychological symptoms among ethnic and racial minority first-year college students on a predominantly White campus. More research is needed to understand the kinds of social support that serve as a protective factor for racial stress among the growing numbers of students entering into higher education (U.S. Department of Education, National Center for Educational Statistics [NCES], 2014). The NCES reports that overall enrollment into postsecondary education rose from 14.8 million in 1999 to 20.4 million students in 2009. Moreover, from 1976 to 2013, enrollment for Hispanic, Asian/Pacific Island, and Black populations has risen. The enrollment for the Hispanic population rose from 3.6% in 1976 to 15.8% by 2013. Likewise enrollment for the Asian/Pacific Islander population rose from 1.8% in 1976 to 6.4% by 2013; the Black population of students increased from 9.6% in 1976 to 14.7% in 2013; and “two or

more races” category was not measured in 1976, but by 2013 there are a reported 2.9% enrollment rate of students (NCES, 2014). Given experiences with race-related stress, how does social support contribute to positive outcomes of well-being during this transformative period when more and more students enter postsecondary education?

A major developmental task across adolescence and emerging adulthood is identifying meaning and purpose for one’s life (Arnett, 2000; Damon, 2004, 2008). A growing body of empirical literature has linked the constructs of meaning and purpose to positive psychological outcomes (Battista & Almond, 1973; Bronk, Hill, Lapsley, Talib, & Finch, 2009; Crumbaugh & Maholick, 1964; Steger, Frazier, Oishi, & Kaler, 2006). Recent research exploring the areas of sense of purpose and meaning have defined sense of purpose as a person’s intention to define meaning within oneself and transfer that meaning outside the self (Damon, Memon, & Bronk (2003). According to these researchers, *meaning* and *purpose* also entail a sense of direction guided by a stable and generalized intention. The process of meaning-making can be challenging for young persons who experience discrimination and racial stress on a daily level and seek to understand the meaning of those experiences for themselves, the group they identify with, and their futures. Youths who feel their lives are purposeful and connected emotionally and cognitively to a set of values or morals, tend to demonstrate adaptive psychological skills (Damon, 2004). However, largely absent from the research on sense of purpose is how young adults of color find purpose in their lives, specifically for those people enrolled in higher education where they contend with transitions in multiple domains. If sense of purpose suggests a combination of external inspiration and inner psychological

goals for oneself, then it may also be related to one's ability to resist negative race-related stress since the notion of purpose denotes individual strength.

Damon's (2004; 2008) definition of purpose and meaning are helpful in understanding the longer term qualities of purpose. Steger et al. (2006) have defined meaning and purpose in one's life - similar to Damon - as the feeling of significance and purpose of one's life (p. 81). For this study, a combined understanding of meaning (Steger et al., 2006) and purpose (Damon, 2004; 2008) is used when defining and discussing sense of purpose.

While resilience has been an important concept in developmental contextual research on the etiology of psychopathology, another approach to understanding how adolescents and young adults experience positive outcomes – despite risk – has emerged in recent literature. This requires a shift in theoretical lens to consider the inherent strengths of youths while also considering the impact of daily stressors, barriers such as perceived discrimination and racial stress, and the qualities that enable youth to “resist” the negative impacts of racial stress (Gilligan et al., 1991; Nicolas et al., 2008).

Liberation psychology focuses on the larger societal and social context in which oppression exists and acknowledges the value for individuals to critically assess the societal biases and structures that breed oppression. On a sociopolitical and sociocontextual level, individuals and groups of individuals are targets of discrimination, which reflect the biases of the broader society or culture. For example, an emerging body of literature suggests that critical consciousness (Freire, 2000), or a critical understanding of how societal systems contribute to oppression (Fanon, 1991), can enable some youth and young adults to “resist” the internalization of negative societal messages and sustain

feelings of psychological well-being as they enter adulthood and make important decisions about their lives (Gilligan et al., 1991; Leaderbeater & Way, 1996; Nicolas et al., 2008).

Research by Watts & Abdul-Adil (1997) assessed a critical consciousness psychoeducation program with African American youths. The program sought to illuminate societal messages and foster critical discussion of the effects of those messages on youths' lives. These researchers presented current media messages through music and movies to help the youths explore their own roles in society and awareness of racially-based discrimination. The high school students in their study demonstrated an increased frequency of statements that illustrated critical consciousness. Since only seven students (out of an initial 32) attended eight to ten sessions, the authors concluded that perhaps it was a combination of students feeling more safe in the group over time and learning to critically analyze the media which produced those results. As the authors discussed, some of the limitations of this study included the small sample size ($n = 32$; $M = 15.5$) and trying to measure or uncover *how* students develop critical consciousness (Watts & Abdul-Adil, 1997).

The current study differs from prior investigations of critical consciousness by assessing a broad representation of diverse students and those who are slightly older in age. Watts & Abdul-Adil (1997) suggested the need for future research to assess how students developed critical consciousness. Some developmental psychologists suggest that the life transitions of emerging adulthood (Arnett, 2000) are accompanied by increased cognitive awareness (Erikson, 1950). The gains in cognitive development that make emerging adults more insightful and aware may increase their capacity for critical

consciousness, and assist them manage life challenges. Young adults are uniquely situated in a novel stage where they are eligible and asked to participate in the political discourse and to take on roles of leadership in their communities.

Additional studies are needed to understand the outcomes related to critical consciousness. Although oppressive conditions in the United States have warranted research specifically aimed towards African Americans, those studies are not generalizable to other racially diverse groups of people who experience race related stress. Yet, we know that many racially diverse groups in the United States have had a history of experiencing generational oppression and discrimination in addition to being recently targeted. There is a dearth of empirical research assessing critical consciousness, perhaps due to the philosophical nature and the challenges of operationalizing the construct for multiple groups. This study hopes to add and expand the literature on the role of critical consciousness as a protective factor helping individuals to resist negative mental health outcomes.

Faced with societal barriers and negative racial and discriminatory experiences, young adults who report feeling socially supported, endorse a strong sense of purpose and meaning in their lives, and who continually critically consider societal oppression, may be more able to take action in their lives and also feel more psychologically healthy.

Purpose

The current study is designed to contribute to the recent literature that is exploring factors that help young POC resist negative mental health outcomes of race-related stress. This study seeks to fill in some of the gaps in the current literature by focusing on POC in emerging adulthood and exploring a collection of protective factors that might moderate

the impact of race-related stress. Each of the main constructs (i.e., race-related stress, social support, sense of purpose, critical consciousness, symptoms of depression, and self-esteem) will be examined from several empirical and theoretical perspectives. These constructs represent psychological and proximal social factors that may enable POC to resist deleterious outcomes. A holistic framework of human development provides a coherent structure for this study and the proposed relationships among the variables. The literature review offers a background of empirical and theoretical models as rationale for this study examining race-related stress, protective factors (i.e., social support, sense of purpose, and critical consciousness), and mental health outcomes. Results from this study extend current understanding of possible protective factors among POC in emerging adulthood. Examining individual strengths is as important as understanding deficits in informing preventive and treatment interventions. This study strives to help understand those strengths of POC, which are often overlooked.

CHAPTER 2 – REVIEW OF LITERATURE

Race-related stress in American society is a prevalent social issue that impacts the psychological well-being across multiple generations (Carter, 2007; Harrell, 2000). In fact, the United States Congress has directed the United States Department of Health and Human Services (USDHHS) and the Agency for Healthcare Research and Quality (AHRQ) over the past decade to report on healthcare disparities in the United States (National Healthcare Disparities Report [NHDR], 2009). The report not only discloses healthcare information, but also brings attention to means for marginalized populations across the United States to gain access and overcome barriers to accessing healthcare. The report highlights the persistence of health disparities over many years among racial and ethnic minorities (NHDR, 2009). Further investigation of the conditions under which these disparities persist might help highlight additional strategies for enhancing well-being among marginalized groups.

Health disparities are one of the unfortunate consequences of societal problems and inequities. Research has documented race-related stress as one significant factor associated with negative physiological and mental outcomes for POC (U. S. Department of Health and Human Services [USDHHS], 2001; Landrine & Klonoff, 1996). Although commitment to prevention and interventions for those who lack access to appropriate healthcare is at the forefront of research, it remains important for psychologists and other mental health professionals to invest in understanding those individuals who are able to resist race-related stress and experience positive psychological and health outcomes. Perhaps focusing on developmental strengths of those who experience arduous

environmental and social issues can help bring to light alternative means to prevent, intervene, and support individuals who experience race-related stressful circumstances.

Race-Related Stress and Psychological Well-Being

The demographic landscape of the United States is ever evolving. Changing demographics have been a central storyline of the United States since European settlers began to colonize the country from Native Americans and Indigenous People of North America in the latter half of the 19th century (Omi & Winant, 1994; Zinn, 1980).

Although conflict between dominant and non-dominant group members has long existed worldwide, this took on new meaning and consequence in the United States as access to power and privilege has been often limited to people of European, fair-skinned descent (Omi & Winant; Zinn).

Over the past fifty years, since the Civil Rights movement, the United States census bureau has reported and projected a steady increase in the population of POC. The Civil Rights movement reached a broad audience due to its occurrence in the post-technology timeline of the United States. In 1960, the United States census bureau reported 82% of the population identifying as White, 10.5% as Black, 0.3% as Asian, 0.2% as American Indian/Eskimo, and 0.04% as Other (Gibson & Jung, 2002). By 2010, the census bureau reported that 72.4% of the population identified as White, 12.6% as Black/African American, 4.8% as Asian, 0.9% American Indian and Alaskan Native, 0.2% as Native Hawaiian and Other Pacific Islander, and 6.2% as Other (www.2010.census.gov). Accompanying the increase in the numbers of POC in the United States over the past few decades, so too is an increase in awareness of the

prevalence and impact of race-related stress (Carter, 2007; Harrell, 2003; Helms & Cook, 1999; Sue & Sue, 2003).

The United States indeed has a long history of racially based discrimination, from Native American colonization, African American slavery, and Japanese internment camps (Carter, 2007; Harrell, 2000; Helms & Cook, 1999; Zinn, 1980). Racial segregation is perhaps one of the many consequences of those racially based events. The Civil Rights movement and subsequent Acts of 1964, 1968, and 1991 were an attempt to counter such discrimination from occurring in education, the work place, and other public accommodations (Davis, Johnson, & Martinez, 2001). Research has illuminated the lasting and pervasive negative psychological affects that segregation and other forms racism and discrimination can have on individuals and groups of people, including depression and anxiety (Banks & Kohn-Wood, 2007; Flores et al., 2008; Gaylord-Harden & Cunningham, 2009; Hwang & Goto, 2009; Prelow, Mosher, Bowman, 2006; Sue et al., 2007), substance abuse (Kim & Spencer, 2011; Lorenzo-Blanco, Unger, Ritt-Olson, Soto, Baezconde-Garbanati, 2011, Stock, Gibbons, Walsh, Gerrard, 2011); and physiological problems (Pascow & Smart Richman, 2009; Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009). Racial discrimination has also had a significant negative impact for POC on educational achievement and opportunity (Fine, et al., 2005) and career attainment and advancement (Blustein, 2006; Brown & Lent, 2005), which further negatively impact physical and psychological health. The intersection of racism and psychological well-being is thus a significant issue for psychologists and other mental health providers to examine.

Race defined. Modern researchers have argued that race is a socially constructed, learned variable that is construed to dominate minority groups (Frankenberg, 1993; Helms, 1997; Omi & Winant, 1994; Tatum, 2003). Omi and Winant argue that social and political forces have refined the need to group people based on race. These scholars point out the fluidity by which the United States has chosen to categorize race from one point in history to the next. The census is a relevant example of this issue. In 1960, there was no category for “Native Hawaiian or Pacific Islander” as there was in 2010. Those who identified as Native Hawaiian or Pacific Islander might have categorized themselves as “Asian” in the 1960 census, even though Hawaii officially became a state in 1959.

Although racial categories are not well-defined, race has been an endemic social and political issue in American society (Yee, Fairchild, Weizmann, Wyatt, 1993). Because of the obscure definition of race, it is dangerously conceived and has been used as biological fact against POC in destructive ways. Unscientific attempts to demonstrate significant genetic differences (e.g., IQ scores) have been made to infer the inferiority of POC (Jensen, 1969 as cited in Yee, et al., 1993). Given the absence of rigorous genetic research, Spuhler & Lindzey (1967) argued decades ago that racial comparisons are weak (as cited in Yee et al.) and should not be used to argue inferiority among groups of people. Yee et al. argued more recently that demands from the federal government to classify race for census purposes, combined with other census heritage data, lead to obfuscated ideas of what race means and the misapplication of the term by the public at large, including in psychological research. The confounded social construction of racial

categories and the misapplication of these unsubstantiated notions contribute to the construction and persistence of racial stereotypes and discriminatory practices.

Consequently, due to the nature of how and why race has been interpreted and applied negatively, experiences of stress and discrimination – based on the socially constructed idea of race – are inevitable (Omi & Winant, 1994; Helms, 1997).

Researchers have identified multiple constructs defining negative race-related experiences, such as discrimination (Huynh & Fuligni, 2010; Seaton, 2009), prejudice (Ashburn-Nardo, et al., 2007), harassment (Buchanan et al., 2009), stereotype threat (Steele & Aronson, 1995), and stress (Harrell, 2000; Pieterse & Carter, 2007). In the literature, *racial discrimination* has been defined as differential or unfair treatment based on perceived membership in a racial group (Huynh & Fuligni, 2010; Seaton, 2009); *prejudice* is discussed as negative attitudes or judgment towards perceived minority status membership (Ashburn, et al., 2007); *harassment* is suggested to be negative gestures or actions towards those in a perceived racial group which create a hostile environment (Buchanan et al., 2009); and *stereotype threat* is defined as negative overgeneralizations about a group, whereby individuals who identify as members of that group conform to make the stereotype about their group more credible to others (Steele & Aronson, 1995).

The discussion of racism-related stress by Harrell (2000) best encompasses the construct for this study. Harrell explores stress models, based on the person and environment interaction theory of stress developed by Lazarus and Folkman, (1984). Lazarus and Folkman propose a cyclic theory whereby a person cognitively assesses (or appraises) an environmental situation as stressful or not, and reacts (or copes)

psychologically, based on their perception. There remains a dearth of literature examining race-related stress, despite our understanding of its deleterious effects. Harrell defines racism-related stress, as “transactions between individuals or groups and their environment that emerge from the dynamics of racism, which are perceived to tax or exceed existing individual and collective resources or threaten well-being” (p. 22, 2000). In this study, the term *race-related stress* (RRS) is used to define and encompass what others have labeled racial discrimination, prejudice, harassment, stress, and stereotype threat. The term used for this study is meant to capture the race-related psychological stress that is either perceived or experienced by members of non-dominant racial groups.

Impact of Race-Related Stress and Psychological Well-Being

Racism is a form of oppression, and thus a societal issue that places many people at risk for psychological injury (Carter, 2007; Rollock & Gordon, 2000; U.S. Department of Health and Human Services [USDHHS], 2001). Scholars have described the detrimental nature of racism on a range of mental health outcomes primarily for those who are oppressed by RRS and other discriminatory practices (Carter, 2007; Clark, Anderson, Clark, & Williams, 1999; Comas-Diaz, 1994; Rollick & Gordon, 2000; Sue & Sue, 2003). In his extensive review of scientific research on racism and RRS, Carter (2007) explored race-based traumatic stress injury, acknowledging the holistic impact of race-related experiences on mental health. In particular, Carter explored the corollaries of racism for POC, such as responses of psychological stress and trauma.

In addition to overt acts of racism, covert daily exposure to RRS, such as racial microaggressions (Sue, et al., 2007) can negatively affect one’s ability to cope and make meaning of one’s identity. Racial microaggressions are subtle, often nebulous daily

occurrences of RRS that remain nearly invisible if they linger unnamed (Sue, et al., 2007). However, the insidious nature of the microaggressions leave the victim feeling somewhat powerless to the injustice. Although equally powerful in harming a person's psychological well-being, these covert experiences contrast with the more overt racially based actions and behaviors seen in the last century, such as protests against the integration of schools (Davis et al., 2001). Yet, research has demonstrated the same injurious outcome for psychological well-being as a result of covert racism (Carter, 2007). Over time stressful racist interactions, whether covert or overt, have been found to directly predict negative mental health outcomes such as depression (Bailey, Blackman, & Stevens, 2009; Carbonell, Reinherz, & Beardslee, 2005; Davis & Stevenson, 2006).

Over the past few decades, outcomes of psychological distress have been examined in relation to RRS as researchers have recognized the impact of the sociocultural context for individuals and groups of people (Carter, 2007; Clark et al., 1999; Meyers, 2009; Sue & Sue, 2003). However, research is also just emerging on factors that enable some individuals to resist the negative psychological effects of RRS (Gilligan, et al., 1991; Leadbeater & Way, 1996; Nicolas, et al., 2008). Examining factors that help facilitate positive psychological well-being is significant to the discussion around the impact of RRS, and equally relevant to the discussion of mental health prevention and intervention for young adults.

Depression as Symptoms and Disorders

According to the Center for Disease Control and Prevention (CDC), a report on the prevalence of depression suggests that 6.6% of the United States population suffers

from Major Depressive Disorder (MDD) or depressive symptoms (Gonzalez & Berry, 2010; www.cdc.gov). Within that sampled population, 11% of 18 to 24 year old adults reported experiencing any depression within a two-week time period (Gonzalez & Berry, 2010). The National Institute for Mental Health (NIMH) found similar results with regards to the young adult population, suggesting 18 to 29 year olds are 70% more likely than adults over 60 years old to experience depressive symptoms over their lifetime (Kessler et al., 2003). Moreover, the CDC report reveals, based on data from 2006 to 2008, that 12.9% Black/non-Hispanic participants met criteria for MDD or other depression such as Dysthymia or Depressive Disorder, not otherwise specified, as compared to 11.7 % Hispanic, 10.7% Other/non-Hispanic, and 8.0% and White/non-Hispanic, 8.0%. The data was obtained from self-report surveys based on the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV) for MDD. The prevalence of depressive symptoms among POC, and particularly among young adults, raises the need to investigate the etiology of those symptoms within the population.

Depression or a specific cluster of depressive symptoms has been classified under mood disorders in the DSM-IV. The DSM-IV defines MDD as meeting symptom criteria consistently for a minimum of two weeks. Symptoms include depressed mood, loss of interest, anhedonia, significant weight or appetite change, insomnia or hypersomnia, psychomotor disturbance, fatigue or loss of energy, feelings of worthlessness or guilt, impaired concentration and thoughts of death or suicide (American Psychiatric Association [APA], 2000). Associated signs and symptoms noted in the DSM-IV include tearfulness, irritability, anxiety, somatic complaints and impaired sexual functioning. Many individuals experience some symptoms or related signs of depression even though

they may not meet full criteria for the clinical diagnosis (Kessler et al., 2003). Moreover, the data on access and barriers to mental health care suggest that a clinical sample might not accurately depict the actual incidence of depression across race and social class (NHDR, 2009) because marginalized groups of people may not seek or have the resources to seek mental health care. Cultural contexts and experiences may not align with the defined DSM-IV criteria for depression, and thus individuals may not seek treatment for related symptoms. Additionally, experiencing depressive symptoms from negative life events such as RRS may not necessarily compel someone to seek out mental health treatment. Therefore this particular study is concerned with the experience of general depressive symptoms rather than the formal clinical diagnosis of MDD. The sample was drawn from a general population rather than a clinical one, and depressive symptoms, rather than MDD, may better capture the range of psychological distress resulting from RRS. Furthermore, because this study focuses on factors that may modify or reduce the distress following RSS, it is particularly important to assess the full range of depressive symptoms, including factors, such as self-esteem that are inversely related to depression and positively associated with well-being (Schmitt, Branscombe, Postmes, & Garcia, 2014).

Mental health outcomes have been tethered to RRS over the past century as literary and biographical writings depict the psychological toll RRS has had on POC (Douglass, 1969; Fanon, 1991). Empirical research confirms those writings as experiences of daily perceived racially based discrimination have demonstrated a strong relationship with positive symptoms of depression (Brody et al., 2006; Gaylord-Harden & Cunningham, 2009; Han & Lee, 2011; Hwang & Goto, 2009; Paradies, 2006; Prelow

et al., 2003; Wei et al., 2010). Paradies (2006) conducted a meta-analysis of 138 empirical studies measuring negative racial experiences and outcomes of health. The review of studies revealed experiences of racial stress is more associated with negative mental health outcomes (e.g., emotional distress, depression, anxiety, etc.) than positive outcomes (e.g., life satisfaction, self-esteem, general mental health, etc.). Moreover, researchers Wei et al. (2010) found that stress related to racial discrimination predicted positive symptoms of depression above and beyond perceived general stress for 201 Asian American college students. Ruminating or perseverating on negative feelings or events, have been linked to negative mental health outcomes, including depression (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Borders & Liang (2011) found that ethnic minority, specifically Asian-American and Latino college-aged participants ($n = 170$), who ruminated or perseverated on negative experiences of discrimination, also expressed depressive symptoms and feelings of aggression, anger and hostility. Hostility and anger around perceived or experienced discrimination mediated the effects of emotional distress in their study. The researchers went on to suggest that there are many other factors that likely mediate the relationship between RRS and emotional distress. This research study examines protective factors that moderate or increase resistance to negative psychological outcomes in response to racial stress. Existing knowledge about the preventive factors that promote resistance to the negative effects of RRS is limited.

Etiology of Depression: A psycho-social model

The etiology of depression or depressive symptoms is complex. The bio-psycho-social approach considers a holistic view of the nebulous developmental influences on depression that are characterized by the interactive and bidirectional

qualities. The model used for this study is based on a joint understanding of Meyer's (2009) bio-psycho-social model of stress and disease for minorities and Clark et al.'s bio-psycho-social model of racism as a stressor for African Americans (1999). The model is three-fold: a *biological* pathway by which a person may have genetic and biologically inherent vulnerabilities and resistances for health outcomes; a *psychological* pathway where cognitive and emotional processes contribute to the reaction to and coping with a stressor; and lastly the *social*, or sometimes called psychosocial (Myers, 2009) or socio-demographic (Clark et al., 1999) pathway where environmental and life event stressors effect the interaction and response to a stressor.

The current study focuses specifically on the psycho-social dimensions of the model examining (1) psychosocial factors expected to increase risks for depression and low self-esteem (i.e., RSS), and (2) psychosocial factors (i.e., social support, sense of purpose, and critical consciousness) expected to protect some persons who are exposed to risks from experiencing symptoms. Existing research reveals that environmental factors, including socioeconomic status (Myers, 2009), social support (Liang, Spencer, Brogan, & Corral, 2008) and stressful life events (Davis & Stevenson, 2006; Huynh, Devos, & Dunbar, 2012; Prelow et al., 2006), are related to the development and persistence of depression or depressive symptoms. Knowledge of the psychosocial factors that contribute to or buffer depression is important as these may be modifiable in ways that genetic factors are not.

Specific to depression and general depressive symptoms, research suggests that RRS is related to outcomes of hopelessness-helplessness and depression (Chithambo, Huey & Cespedes-Knadle, 2014; Fernando, 1984; Gallo, Bogart, Vranceanu, &

Matthews, 2005). Using the bio-psycho-social model, a person of color may have a variety of responses based on the interplay of pathways. For example, a life event or series of negative race-related events that relate to RRS, may indeed contribute to symptoms of depression for persons who are biologically predisposed (e.g., parental depression) (Gladstone & Beardslee, 2002), lack appropriate social support, and are unable to utilize adaptive coping mechanisms. Alternatively, the same individuals who may be genetically predisposed to mental illness, may have obtained ample social support and have developed adaptive ways to cope with adversity. Therefore, the latter individuals may not report or experience depressive symptoms. The psychosocial pathways of the model are also demonstrated to be malleable under a multitude of circumstances. This is what Cicchetti and Rogosch (1996) would call *multifinality*, whereby one factor may have different outcomes based on the organization of pathways and systems in which it functions. Conversely, *equifinality* suggests that the same outcomes can result from various pathways.

Resilience or Resistance?

Despite the chronicity of racial stress, many young adults who experience RRS have the capacity for positive outcomes of well-being (Benson, Leffert, Scales, & Blyth, 1998; Nicolas et al., 2008; Robinson & Ward, 1991; Zimmerman et al., 2008). There exists a large body of literature on the phenomenon of resiliency in human development (Cicchetti & Sroufe, 2000; Costello, Erkanli, Fairbank, & Angold, 2002; Masten, Best, & Garmezy, 1990; Rutter & Sroufe, 2000; Sameroff, 2000; Werner & Smith, 1982; 2001). Over the past few decades, psychologists have identified the development of *resilience* as an important empirical construct (Luthar, Cicchetti, & Becker, 2000). *Resilience* has

been defined as a complex active response and process that leads to adaptive positive outcomes in the face of great adversity and unfavorable life circumstances (Lerner, Agans, Arbeit, Chase, Weiner, Schmid, & Warren, 2013; Luthar, et al.; Masten, 2009; Werner & Smith, 2001).

Often, children and adolescents have been the subjects of studies on resilience as researchers seek developmental protective factors that enable those individuals to successfully adapt to negative circumstances (Garmezy, Masten, & Tellegen, 1984; Lerner et al., 2013; Luthar, 1991; Masten, 2009; Masten et al., 1990; Werner & Smith, 1977). However, what is largely absent from the literature on resilience is research among emerging adults. Emerging adulthood is a highly sensitive time when the onset of adult mental health issues may arise, multiple transitions may occur, and new responsibilities are acquired. Young adults become active in shaping the adult they want to become (Arnett, 2000). Arnett (2000; 2004) highlights some of the transitional stressors that emerge during the 18-25 year old “emerging adult” period, such as residential instability, self-exploration related to career and romantic partners, and increased independence from family of origin. These transitional stressors are also associated with increased risk for emotional dysregulation and negative behaviors (Arnett, 2000; Frye & Liem, 2011; Kuwabara, Van Voorhees, Gollan, & Alexander, 2007).

This study seeks to understand resilience and outcomes of positive psychological well-being during this developmental period for college students of color, who are also targets of RRS. For college students of color, this time of instability and exploration, may add to the risks for negative general and mental health outcomes that have been

associated with RRS. In other words, RRS may be a “risk factor” for young POC that adds to other potential risk factors associated with the transition to adulthood.

Shift in resilience framework: Resistance. Although the definition of resilience is extremely useful and has defined a considerable amount of research and theory, some researchers have emphasized the protective value of resistance for youth of color (Nicolas et al., 2008; Robinson & Ward, 1991). With a focus on Black youths’ psychological development, both Nicolas et al. and Robinson and Ward suggest that an alternative form of psychological armor may be adopted by those youth specifically at-risk related to negative race-related experiences. They label this strength in youths as *resistance*. Similar to researchers who focus on the protective factors that relate to resilience, resistance models also consider mediating factors that help individuals resist psychological harm. Resistance offers two specific dimensions to models of resilience; (1) they explicitly name negative sociopolitical and race-related stressful and traumatic events as barriers to positive psychological development, and (2) they entail an active coping response in opposition to negative circumstances, in contrast to what is considered a more passive coping response for resilience (Nicolas et al., 2008; Robinson & Ward, 1991). Resistance models promote active coping responses for successful development in spite of RRS.

Resistance: Strengths-based models. Scholars Nicolas et al., (2008) suggest a strengths-based framework, the *Strengths and Coping Model for Black Youths* (SCMBY), from which to view Black youths while also considering their daily experiences with societal barriers. The authors suggest that Black youths actively create positive developmental outcomes as a function of the *barriers, racial socialization, and coping*

strategies they experience. More specifically, the SCMBY model considers race-specific barriers for Black youths, such as the role of racial issues (e.g. discrimination) as a barrier to academic achievement, and emphasizes the role of racial socialization in communicating knowledge about cultural resources (i.e., religious and familial supportive relationships) present in the Black community in fostering the development of racial pride, racial identity and critical consciousness. As Black youth gain independence across adolescence, the development of coping mechanisms that decrease dependence upon others become ever important. Nicolas et al. suggest that coping strategies range on a continuum from social withdrawal, (e.g., sometimes demonstrated as symptoms of depression, anxiety or disengagement); to resiliency, a relatively passive coping strategy where youths are not actively withdrawn or confronting issues, rather they maintain competent functioning in the face of RRS (e.g., overcoming an educational achievement in the face of adversity); to resistance, an active coping skill that helps youth maintain a positive sense of self by applying individual strengths (e.g. critical consciousness) and interpersonal skills, such as familial or religious support and pride, to combat oppression. This strengths-based framework can be examined at the individual internal level, at the level of interpersonal relationships, and at a systemic level (Nicolas et al., 2008).

Robinson and Ward (1991) also propose a model of resistance for African American adolescents in response to the convergence of race, gender, and class in a White-male dominated society. They suggest that Black females resist the notion that their life experiences (as a population) are negative, through varied responses. Robinson and Ward's model of resistance describe two types of resistance, (1) resistance for survival strategies, and (2) resistance for liberation.

Resistance for survival strategies are viewed as short term fixes, which can have negative corollaries. An example of this is when a Black female youth feels offended by a classroom teacher, who suggests Black females are not as intelligent as others. She may choose to remain silent for the short term. But may ultimately chose to skip the class in order to resist feeling offended, with the long term outcome being a failing grade because of absence. Conversely, this same student may choose to address her teacher, explain to the teacher what was offensive and why, and express the need for the teacher to reframe or change instruction. The latter example is resistance for liberation, where the individual speaks about her experiences in response to a negative social perception (Robinson & Ward, 1991).

For this study, constructs from the strengths-based resilience and resistance models are applied together to increase understanding of the factors that moderate RRS and psychological well-being. Nicolas et al.'s (2008) SCMBY framework is used for interpreting the holistic influences (internal and external) needed for resistance in conjunction with Robinson & Ward's (1991) distinct motivational, goal-oriented forms of resistance for liberation.

Although these models of resistance have been based on research and theory specific to Black youths in general (Nicolas, et al., 2008) and Black adolescent girls (Robinson & Ward, 1991), there is overwhelming evidence to suggest that all POC may experience RRS (Carter, 2007) and may benefit from learning how to develop resistance. As it is, empirical data using the models of resistance are sparse within the literature on Black youths (Nicolas et al., 2008), and even more absent if at all existent, for groups outside of Black youths. Moreover, expanding the model beyond the adolescent years is

important because young adults are potentially more advanced in terms of cognitive development (Erikson, 1950) and active in their roles of development; a key component to resistance. This study is an attempt to add to that body of literature on resistance. Utilizing the resistance model for all POC instead of exclusively with Black American youth will bring to light the inherent strengths of young POC at a time when the American racial landscape is shifting.

Contributing factors to resilience and resistance. The current study examines resilient and resistant factors that are salient for college-aged POC, with particular emphasis on those factors that help buffer negative effects of RRS (i.e. general depressive symptoms and low self-esteem). With this focus in mind, three constructs were chosen based on empirical data and theoretical models related to resilience and resistance. Prior research suggests that factors such as social support (Brody, et al., 2010; Kenny & Perez, 1996; Wei, et al., 2010), one's meaning or purpose in life (Damon, 2008; Steger et al., 2006), and critical analysis of the larger societal issues that affect their lives (Friere, 1993; Martin-Baro, 1994) may act as protective factors contributing to resilience and resistance and positive mental health outcomes.

Sources of positive social and relational support have long been found to be significantly related to positive mental health outcomes, despite the presence of stress. Often viewed as allies outside of oneself to support an individual in times of need or in difficult circumstances, perceived social support is an important dimension of resilience for many people (Demaray & Malecki, 2002; Miller & Striver, 1997; Roeser, Eccles, & Sameroff, 1998; Wei et al., 2010). Specifically as it relates to overt or covert RRS, social

support has been identified as a protective factor for adaptive mental health functioning, but has been less studied in relation to covert racial stress.

Some resilience research reveals that youths often cite spirituality or religious influences as providing value or meaning to their lives (Werner & Smith, 2001). The work of Steger et al. (2006) and Damon (2008) on the development and maintenance of sense of meaning and purpose reflects philosophical and theological underpinnings. As a construct, sense of purpose suggests a goal-oriented drive that fosters psychological motivation. Sense of meaning and purpose may help build inner resilience for POC as they face race-related stressful events.

Understanding the role of social and political factors in creating racial oppression and believing that one can act to effect change may also contribute to liberation and resistance (Friere, 2000; Martin-Baro, 1994). For POC, the ability to explore the distribution of political power and causes for social inequality, are believed to raise consciousness about the status quo and foster social action. This may be liberating for students of color in a PWI as they navigate the adult transition. An awareness that creates psychological liberation and social action might be utilized to resist experiences of racial discrimination and racial stress.

The following sections will discuss each of hypothesized factors contributing to resilience and resistance in greater detail.

The Value of Social Support

Social support (SS) appears as a significant common denominator in research on resilience and psychological well-being (Hefner & Eisenberg, 2009; Montgomery, Miville, Winterowd, Jeffries, & Baysden, 2000; Rodriguez, Mira, Myers, Morris, &

Cardoza, 2003; Werner & Smith, 2001). Empirical work cited by Cassel (1976), Cobb (1976), and Dean & Lin (1977) highlight elements of the SS that have been replicated in a large body of research. Cobb described the positive elements of SS as feelings of being cared for and loved, feeling esteemed and valued, and identifying the relationship as a mutual, bidirectional one.

Lazarus and Folkman (1984) identify SS as one means by which individuals cope with stressful environments. They identify how SS from a larger (distal) context interacts with more intimate (proximal) relationships and describe perceived support as having qualities similar to those described by Cobb (1976), including feelings of care and being valued from a reliable resource. With regard to the value of SS, Sarason and Sarason (2009) suggest that “perceptions of support reduce fears and anticipations of danger because of the availability of caring providers. Consequently, support frees the individual to attend to the realities of situations, explore alternative approaches to them, take reasonable risks, and deal with the task at hand” (p. 115-116). SS has clearly been identified as a possible vehicle by which individuals are granted not only emotional and functional provisions, but also the opportunity to explore their selves.

Both proximal and distal sources of support have been identified as relevant to an individual’s well-being (Lerner et al., 1998). For example, some proximal forms of support in research have included family (i.e., parents, siblings, kinship or related members) (Rodriguez et al., 2003), peers (Hefner & Eisenberg, 2009; Montgomery et al., 2000), mentors (Rhodes, Spencer, Keller, Liang, & Noam, 2006), and teachers (Stanton-Salazar & Spina, 2003). Distal forms of support include administrators (Sue, Rivera, Watkins, Kim, Kim, & Williams, 2011), formal mentoring programs or academic campus

climate for college-aged students (D'Augelli & Hershberger, 1993; Hall et al., 2011; Harwood, Hunt, Mendenhall, & Lewis, 2012; Pewewardy & Frey, 2002). A focus on familial (or kinship) and peer support is used for the present study.

Perceived family and peer social support. D'Augelli & Hershberger (1993) compared African American and White junior and senior college students on measures of well-being, discrimination and supportive networks. They found that African American students reported lower levels of well-being, particularly levels of energy and increased worry about parental job loss. These students also reported higher levels of knowledge about and experiencing direct discrimination on campus. Students also reported slightly higher levels of family support, particularly from their mothers. Additionally, 34% of the African American students reported they did not know anyone on campus prior to beginning their academic career. Furthermore, results suggest that the better African American students felt about the university, the higher their reported well-being. Because this was a selected sample of juniors and seniors, the authors surmised that perhaps factors of support aided students in helping them to persist, despite 59% of African American students reporting having experienced verbal discrimination. This work suggests that SS may act as a buffer to negative mental health outcomes, fitting with part of Nicolas et al.'s (2008) SCMBY framework of resitance. However, D'Augelli & Hershberger did not discuss any results from their social support network variables, so it warrants more inquiry into the exact functions of SS.

Identifying factors that sustain positive development during college has been a key part of research for emerging adults. Research, for example, has found that family or kinship relationships are relevant for students of color transitioning into higher education.

An early study with racially and ethnically diverse college students attending a PWI identified the importance of familial support for academic adjustment (Kenny & Perez, 1996). More recently, Crockett et al., (2007) found interaction effects with parental support and active coping for Mexican American college students (n= 148). More specifically, the interaction of coping style and support, buffered the effects of acculturative stress and psychological symptoms.

A study by Chae et al. (2012) explored familial support as a buffer against the negative effects of racial discrimination among Asian Americans adults (n = 2095). They identified family as relatives beyond spouses, partners, or live-in kinship. Results from their study found that relative support was associated with lower levels of symptoms of 12-month Major Depressive Disorder. Additionally, they found that relative support buffered lower levels of discrimination. It is clear that parents, relatives, and extended kinship play an important role in a student's perceived support. Further research including family support as a construct is warranted as it relates to reducing RRS for students of color on college campuses.

The literature on SS for college-aged students also assesses perceived support from peers (Dennis et al., 2005; Hefner & Eisenberg, 2009; Rodriguez et al., 2003). Not all peer SS is considered positive, however. In fact, Hefner & Eisenberg found that among college students who differ (i.e., race, ethnicity, international status, or socioeconomic status) from most other students were at increased risk for social isolation. Moreover, students who reported lower quality of SS were at greater risk to experience mental health issues. Researchers Dennis et al, examined first-generation ethnic minority students (n = 100) and discovered that lack of peer support in the fall semester was a

predictor of negative academic adjustment by the spring semester. Given 43% of African American students reported harassment by other students on campus, it remains important to explore SS for students of color (D'Augelli & Hershberger, 1993).

It is evident that experiences of RRS and social isolation contribute to negative mental health outcomes. Conversely, supportive environments and perceived positive support and acceptance should produce more positive outcomes. The focus has historically been on the poor outcomes related to the absence of perceived peer support for college students. Shifting to a strengths-based approach, more research is warranted to determine whether positive peer supportive relationships may benefit students by reducing the impact of RRS. Some scholars have reported evidence that supports this research direction. Rodriguez et al. (2003) found that being female and Latino included a burden of acculturative and generic college stresses that posed significant risks for psychological distress. The same researchers also found that Latino students reported more support from friends than family in a sample of college-age students in a predominantly Latino campus. This study builds on that research by exploring the protective value of perceived support among POC in PWI.

Sense of Purpose

Why have psychologists and others in related fields become interested in understanding an individual's sense of purpose and meaning? And what does a sense of purpose mean? Victor Frankl's (1959) discussion on human meaning-making was influential to the positive psychology movement. In light of first-hand atrocious life experiences, Frankl helped define the concept of meaning and purpose that was embraced by psychologists decades later (Bronk et al., 2009; Damon, 2008; Damon, et al., 2003;

Steger et al., 2006). Unlike mainstream deficit models of pathology at the time, Frankl proposed that finding and maintaining a larger meaning and purpose in life motivates individuals. Although Frankl's meaning and purpose was driven by means of survival under horrendous circumstances, it certainly influenced current strengths-based research.

In recent years, the positive psychology movement has focused on the spiritual and moral processes that play a role in overall happiness and life satisfaction (Seligman & Csikszentmihalyi, 2000). Positive psychology suggests that individuals are active, rather than passive, in making meaning and defining purpose in their lives. This strengths-based approach to understanding adaptive behaviors and well-being warrants further inquiry. Scholars like Damon, et al. (2003) have argued for the empirical study of purpose or individual's sense of purpose to expand upon the strengths-based literature.

Defining sense of purpose. The definition of *purpose* has historically been elusive for empirical researchers, with multiple definitions cutting across the fields of theology, philosophy, and psychology (Damon, et al., 2003). Researchers have used various definitions, adding to the elusive nature of the construct (Damon, et al.). For example, Baumeister (1991) defined purpose as a part of meaning, explaining that meaning is culturally (rather than individually) created and transmitted. Additionally meaning explains a sense of past events, cognitions, or emotions, influencing and connecting to future events, cognitions, or emotions. Other scholars, like Frankl (1959), focused on an individual's innate inner pull or motivation to find meaning and purpose in life, whereas McAdams (2001) used purpose with a focus on generativity. And in the debate between the somewhat overlapping concepts of hedonic versus eudaimonic well-being, the latter suggests a pursuit of purpose as one factor of obtaining psychological

well-being (Ryan & Deci, 2001; Ryff & Singer, 2008). Those scholars see purpose (in addition to personal growth, mastery and autonomy) as connected to morals and values which drive self-actualization and ultimately lead to psychological well-being.

Moreover, the interest in and understanding of purpose also differ with the population being studied. For children and youths, researchers have been interested in how sense of purpose develops and who has had an influence on the development of purpose (Bronk et al., 2009; Damon, et al.). For adult populations, developmental questions are also in play; however the maintenance of living a purposeful life is central (Bronk et al.; Steger et al., 2006).

For this study, Damon, et al.'s (2003) definition of sense of purpose (SOP) is used and defined as "a stable and generalized intention to accomplish something that is at once meaningful to the self and of consequence to the world beyond the self" (pp.121). It is further emphasized and understood by Steger et al.'s (2006) definition of sense of purpose and meaning. The latter defined "meaning in life as the sense made of, and significance felt regarding, the nature of one's being and existence. This definition represents an effort to encompass all of the major definitions of meaning and allows respondents to use their own criteria for meaning" (p. 81). Moreover, the researchers' general understanding of meaning encompasses a presence, defined by a "subjective sense that one's life is meaningful" (p. 85) and searching, "the drive and orientation toward finding meaning in one's life" (p.85).

SOP as defined above fits well with the psychosocial aspect of the developmental contextual model mentioned earlier as it relates to resistance. An individual's SOP not only addresses the inner psychological aspect of a stable purpose or meaning in life, but it

also recognizes searching for social interdependence that may not only help to spark one's SOP, but maintain it.

Empirical research on sense of purpose. Damon (2008) and his colleagues have used the construct of purpose to study 440 youths ranging from ages 12-22 years old. These scholars suggest that disengaged youths often feel trapped or lack control over their lives, which can lead to inner psychological strife. However, they have found a small subset of students who they labeled as being “the purposeful.” The youth felt deeply connected to a single area or issue in their lives or to a variety of areas (i.e. family, religion, and academics) (Damon, 2008). While these examples of “the purposeful” or more noble sense of purpose are not meant to be captured in this study, understanding the development and existence of purpose and meaning in life in early adulthood is important.

The pursuit of a positive purpose and life satisfaction is also relevant to the literature on resilience. Little is known about the types of support required or perceived by POC as they develop a SOP. Mariano, Going, Schrock, and Sweeting (2011) investigated this question, by surveying 46 adolescent girls, where 77.3% identified as African American, 15.9% identified as multi-racial, and 6.8% identified as White/Caucasian (mean age = 12.83 years). The researchers found that youths with a more diffuse SOP relied more on academic (i.e., school or teacher) support than did those with a more complete SOP. While this was a surprising result, it highlights the importance of the academic environment and support in the development of purpose and raises new questions. Youths in the study with a more complete SOP identified relying on family support. What does this difference mean between the two groups? For young

adults beyond the early adolescent years, how might their academic environment and other forms of social support influence the protective value of SOP? Mariano et al.'s study highlighted contextual factors which matter to the development of purpose for younger adolescents. The findings, however, suggested that SOP is a promising area for further investigation among youth of color, particularly with regards to the ways in which contextual factors' might influence the development of purpose. How, for example, might the context of racial stress make a difference or influence the development of purpose?

Research by Alea and Bluck, (2013) compared young adults (ages 17-29) and older adults (ages 60-91) in the United States (US) (n = 174) and Trinidad (n = 167) and the role of meaning making and participants' reports of well-being. The researchers assessed meaning in two ways, including the active search for meaning and the meaning given to past experiences. They found that for young adults in the U.S., meaning making was not related to their reported well-being as it was for the older U.S. adults. However, for both young and older Trinidadian adults, meaning making was positively related to self-reported well-being. The authors suggest that the value of meaning making may vary by culture and age. Contextualizing meaning is likely important in delineating how meaning may positively contribute to psychological well-being and protect against depressive symptoms.

This study expands upon existing literature by focusing on a developmental period where individuals have more autonomy and potentially more cognitive advancement. This study also examines meaning and SOP as contributors to well-being and as positive buffers to negative stressful experiences in life. What is absent from the

overall literature on SOP is the discussion of how purpose may serve POC, specifically in light of the daily RRS that occurs. More specifically, how might SOP act as a protective factor against general depressive symptoms? Therefore, SOP is utilized - along with other factors – as a moderating variable in this study.

Critical Consciousness

A part of success and well-being within a community requires an individual's access and opportunity to participate in the sociopolitical construction of that community or environment (Watts, Williams, & Jagers, 2003). Nevertheless, unequal distribution of power often remains the impenetrable wall that stands in the way to full societal participation for POC in the United States.

The marginalized status of college-aged POC is often replicated through their experiences on campus. The college community can be a microcosm of the larger society where White students dominate. Lewis, Chesler, & Forman (2000) found that students of color in PWI's contend with feeling stereotyped, alienated and less competent than their White student counterparts. These researchers also found that students of color (e.g., Black, Latino, Asian, and Native American) felt pressure to assimilate to the mainstream White campus culture (Lewis et al., 2000). Additionally, students of color on PWI's report feeling "segregated" (Solórzano et al., 2000) and suggest that the campus is split between White students and students of color (Morrison, 2010).

In the higher education learning environment, students of color on PWI campuses must contend not only with typical developmental transitions, but also with RRS. Despite the additional risk, students of color on predominantly White colleges often thrive. Many universities have created associations (i.e., African-American, Latino/a,

Asian, Native American [ALANA]) and groups that offer support, education and opportunities for activism among students of color. The ability of these students to resist the realities of injustice and hardship warrant strengths-based research that more fully illuminates the factors that contribute to successful resistance to RSS.

Sociopolitical development as a component of critical consciousness. Higher education institutions encourage and expect students to acquire critical thinking skills. Critical thinking about power dynamics in an unjust society leads to motivation for social change and entry into activism in the sociopolitical development of communities. Brazilian educator and activist, Paulo Freire (2000) is well known and highly regarded for his writings on social justice issues. More specifically, he argued for the educational importance *conscientização*, often translated as “critical consciousness”. Paulo Freire was an educator known for teaching individuals living in extreme poverty to read. Through his experiences as an educator, he realized the need to intervene and explore the role of the oppressed and oppressor within a society. Freire (2000) highlights the inequity of power in society, and criticizes education for teaching students to “bank” information from teachers rather than teaching them to critically analyze the sociopolitical environments and structures and the top-down information they are learning. Freire suggests that, “the oppressed must confront reality critically, simultaneously objectifying and acting upon that reality” (2000, p. 52). In essence, he encourages those who are and feel oppressed and marginalized, a way to become empowered to contribute to sociopolitical change through dialogue and analyses. However, he recognizes the process is arduous and ongoing, and often the oppressed have a “fear of freedom” as they pursue a restoration of their own humanity (2000, p. 47).

The concepts of critical analysis and sociopolitical development apply to POC in the United States, and especially to college-aged POC who need to resist oppressive obstacles within a college environment. It is certainly true that the adversity experienced by most students attending college in the United States is not comparable to extreme poverty and illiteracy. However, what emanates from Freire's (2000) writings is the value of critical analysis and social action in response to oppression.

Students of color enrolled in PWI often feel oppressed, specifically by race (Lewis, et al., 2000; Solórzano, et al., 2000). Students in emerging adulthood are encouraged in a college setting to think critically, independently, and are often called upon for action as they enter adulthood and take control of their lives. Therefore, college-aged POC may apply their emerging skills in critical analysis to issues of social and political inequity as a way of striving for their own liberation and that of their peers.

In the current study, critical consciousness will be measured by sociopolitical development (SPD) which has parallel qualities. In fact, research by Diemer, Kauffman, Koenig, Trahan, & Hsieh, (2006) used the terms *critical consciousness* and *sociopolitical development* interchangeably since they argue that "critical consciousness facilitates the capacity to overcome sociopolitical oppression" (p. 445). Derived from Friere's (2000) theory of critical consciousness, the elements of reflection, analysis, and action are also key elements of SPD. Empowerment and individual agency are necessary psychological qualities which straddle both critical consciousness and SPD theories (Zimmerman & Zahniser, 1991). The capacity for individuals to critically analyze their sociopolitical landscape is parallel to the origins of Friere's work with education and literacy. Moreover, one's ability to exert control over one's life is an important developmental

task for young adults. SPD encompasses dimensions of agency and control. Watts, Griffith & Abdul-Adil (1999) suggest that critical consciousness and SPD may act as an “antidote” for oppression. Through exploring inequities and asserting sociopolitical control, POC in PWI may resist negative outcomes and engage in social transformation (Freire, 2000). Students in higher education may experience RSS from White students on campus, from administrators, faculty, and staff. And yet many students who experience RRS on campus still have positive outcomes. For students of color, critical consciousness and SPD may help them to understand and resist the negative impact of RSS, since they may understand that the racism they experience stems from societal ills that may be fought through a political process. Some research in other contexts suggests that critical consciousness and SPD may be adaptive for students of color (Zimmerman, Ramírez-Vallez, & Maton, 1999).

The study of critical consciousness. Existing literature reveals some of the challenges that arise in measuring critical consciousness. Many scholars have used qualitative methods to explore the development of critical consciousness (Watts & Abdul-Adil, 1997). In a study of adolescent boys mentioned in the first chapter, the element of time was crucial to the development of critical consciousness through an intervention focused on the critical analysis of current media (Watts & Abdul-Adil, 1997; Watts et al., 2003). Time is required for individuals to learn about critical concepts, for self-exploration, and to feel comfortable finding the language to converse on these issues. Because that process required time and development, the study suffered from attrition within the intervention group (Watts & Abdul-Adil). Additionally, the mean age of students in the intervention study was 15.5 years old. Although the adolescent years are

indeed marked by increased cognitive abilities and independence, there are aspects of early adolescence that do not allow for full critical analysis. Students closer to adulthood demonstrate more cognitive and emotional maturity than younger adolescents, and are also classified as legal adults in the United States. With legal status as an adult, individuals are naturally granted more power (i.e., to vote, graduate high school, enlist in the military, etc.), thus they may intrinsically feel more connected or responsible for their sociopolitical development in society.

In further research on SPD, Watts et al. (2003) interviewed 24 activists of African descent across varied disciplines. From these interviews, they gleaned three important “experience venues” (p. 190) which approximate developmental periods; upbringing (e.g., family, neighborhood, school, etc.), organizations and institutions of higher education, and occupational and familial venues. The scholars thus provide evidence of transactional experiences in the development of critical consciousness during early adulthood and within higher education setting. In some ways this study extends a part of Watts et al.’s research exploring college-aged students’ critical consciousness.

In another study, Zimmerman et al., (1999) surveyed and interviewed 172 African American males six month apart. The participants in the study had a mean age of 16.8 years old during the first phase. The researchers were interested in how a risk-protective model of resilience would lessen negative mental health outcomes, such as feelings of hopelessness and self-esteem. Specifically, they found that sociopolitical control was a protective factor against negative feelings of hopelessness. Sociopolitical control or development has been defined as expanding empowerment to social change, political action, and liberation through experiences of oppression and critical consciousness

(Watts et al., 2003; Zimmerman et al., 1999). Intimately connected to critical consciousness, Zimmerman et al. found SPD moderated the effect of hopelessness on negative psychological outcomes.

In a study of 67 African American women focusing on critical consciousness as a moderator of discrimination, Kelso, Cohen, Weber, Dale, Cruise, and Brody (2014) found that critical consciousness was related to progression of the HIV disease. The researchers used self-reported experiences of discrimination (both gender and race) as a predictor variable and saw positive effects for critical consciousness as a moderating variable. More specifically, they found that the African American women in their study who reported higher experiences of discrimination and higher levels of critical consciousness, were less likely to experience HIV disease progression in comparison to women who experienced discrimination in conjunction with lower levels of critical consciousness. These researchers suggest that critical consciousness may be a protective factor against perceived discrimination in relation to health outcomes. We know that reactions to stressful circumstances lead to negative outcomes for both health and mental health, and in fact they are often related (Carter, 2007). This study (Kelso et al., 2014) provides some support for using critical consciousness as a moderator for the negative effects of RRS.

Largely absent from the literature on SPD and critical consciousness is research with other groups of POC. Researchers Dotson-Blake, Forester, and Gressard (2009) explored critical consciousness concepts related to Mexican American families and public schools. They stressed the importance of partnerships between Mexican American families, the community, and school officials (i.e., school counselors). The researchers

underscored the historic silence of Mexican Americans in public education, and the necessary partnerships and awareness that needs to take place in order for those groups to succeed. Critical consciousness continues to be tied to the education setting, but certainly more empirical evidence is warranted with diverse groups of people and at different levels of education.

Moreover, aside from Diemer and Li's (2011) adolescent study, Zimmerman et al.'s (1999) mixed methods and Kelso et al.'s (2014) study, most current research aiming to explore critical consciousness have used qualitative methods. This is likely due to the philosophical nature of the construct and the challenge in measuring the development of critical consciousness. However, research using quantitative methods is warranted as we learn more about critical consciousness, how it is measured, factors related to the construct, and how critical consciousness may moderate other variables. Additionally, there is a shortage of research on critical consciousness with other racial groups outside of Latino/as and African Americans. And yet, we understand that various racial groups are marginalized and have experiences with oppression and negative mental health outcomes (Carter 2007, Sue & Sue, 2003). Expanding research to include all people who identify as a person of color would amplify our understanding of the utility of critical consciousness.

Statement of the problem

As the United States is becoming more diverse, POC are continuing to face racially charged experiences (Carter, 2007; Sue & Sue, 2003). Racial and ethnic diversity have increased in society at large and on college campuses (NCES, 2014). Unfortunately, higher education environments can become a microcosm of the larger

society and breed social injustice through racism and discrimination (Alemán, 2009; Burton, 2012; D'Augelli & Hershberger, 1993; Harwood et al., 2012). RRS has been associated with negative outcomes of well-being, demonstrating significant relationships with general depressive symptoms among those individuals who self-identify as racial minorities (Clark et al., 1999; Sue et al., 2007). However, despite all of the risk factors involved, college-aged students of color endure RRS and most have positive mental health outcomes (Nicolas et al., 2008; Robinson & Ward, 1991). Largely absent from the emerging strengths-based research is the exploration of factors that allow college-aged students of color to resist negative mental health outcomes.

Hypotheses

In order to examine the factors that protect POC from the negative effects of RRS in terms of depressive symptoms and low self-esteem, the following hypotheses and research question, will be used based on the aforementioned literature. The hypotheses and research question follow the steps for testing moderation, suggested by Baron and Kenny (1986).

Hypothesis #1. *The presence of RRS (as measured by the frequency of recent events and lifetime, appraisal, and combined overall race-related stress) is positively and significantly related to psychological stress (i.e., general depressive symptoms and lower self-esteem).*

The hypothesized relationship derives from previous research and theory suggesting that RRS (i.e., racism, discrimination, stereotype threat) indeed negatively affect mental health for POC (Carter, 2007; Sue & Sue 2003). The underlying premise and assessment of depressive symptoms and self-esteem have often been utilized as

outcome variables as scholars have been interested in the general effects of RRS (Brody et al., 2006; Han & Lee, 2011; Prelow et al., 2003; Wei et al., 2010). Aligned with such past studies, it is expected that participants in the study, who report experiencing higher levels of RRS, will also endorse experiencing higher levels of general depressive symptoms and lower self-esteem.

Hypothesis #2. *There are internal and external factors that are related to the RRS (recent and appraisal).*

2.a. High levels of perceived SS are negatively and significantly associated with RRS.

2.b. High levels of SOP are negatively and significantly associated with RRS.

2.c. High levels of SPD are negatively and significantly associated with RRS.

The hypothesized relationship focuses on research related to the psychosocial dimensions of bio-psycho-social models of development, suggesting a multilayered and interactive approach to understanding development for POC (Clark et al., 1999; Meyers, 2009). Some factors that relate to individual's external psychological development include SS (Cobb, 1976; Lazarus & Folkman, 1984; Sarason & Sarason, 2009), and internal factors that include SOP (Damon et al., 2003; Steger et al., 2006) and SPD (Watts et al., 2003), as described in previous sections. The following hypotheses follow the underlying premise that internal and external factors may be related to experience of RRS. These factors have been outlined and discussed at length in the previous sections of this chapter.

Hypothesis #3. *There are internal and external factors that are related to psychological stress.*

3a. High levels of SS are negatively and significantly associated with general depressive symptoms and low self-esteem.

3b. High levels of SOP are negatively and significantly associated with general depressive symptoms and low self-esteem.

3c. High levels of SPD are negatively and significantly associated with general depressive symptoms and low self-esteem.

Hypothesis #4. *Do psychosocial factors (i.e., SS, SOP, and SPD) moderate the relationship between RRS (recent and appraisal) and psychological stress (depression and self-esteem)?*

4a. SS moderates the relationship between RRS and psychological stress.

4b. SOP moderates the relationship between RRS and psychological stress.

4c. SPD moderates the relationships between RRS and psychological stress.

This hypothesis tests the interaction term as a moderating variable. It is based on previous research suggesting that a combination of factors may influence and even change the direction of the relationship between RRS and general depressive symptoms and low self-esteem to positive psychological well-being. Research using peer and familial/kinship support has been found to buffer negative effects of adjustment to college-life (Chae et al., 2012; Crockett et al., 2002). SOP suggests that a lack of purpose and meaning are related to increased inner psychological strife (Damon, 2008). And finally, the research around SPD suggests that increased SPD for African American students protects against lower self-esteem (Zimmerman et al., 1999). It is hypothesized that these variables combined with significant RRS variables in a multiple regression

model will explain the variance and will weaken and reverse the negative relationship between RRS and psychological well-being.

Research Question #5. *Which set of psychosocial variables and moderators best protect POC from RRS and explain psychological stress?*

This question will combine the significant predictors from the previous analyses in efforts to identify the set of main effects and moderators that best protect POC from RRS and explain psychological well-being.

Implications

This study was designed to add to the literature in several important ways, with implications for theory and practice. The study is intended to determine what internal and external assets students of color in higher education may access to resist racism and discrimination. It also expands empirical data on the resistance models, which focus specifically on sociocultural and sociopolitical forces which impact POC's ability to develop positive self-images. Results from the study may help further define ongoing research in similar areas. It may also provide important information for prevention and intervention programs for college students and for administrators. As a result it may allow for targeting specific programmatic information and functions to the people who need it the most.

CHAPTER 3 – METHODS

This chapter details this study's hypothesis, describes the research design and methodology. Additionally, it describes the sampling strategy, identifies the measures and their psychometric properties, and presents the procedures and analytic strategies used.

Participants

Participants were college students of color ($N = 202$) who were all enrolled as full-time students in a PWI, the College of the Holy Cross, a private undergraduate college in the northeast. Recruitment took place from May – November 2013. Communication with the college, recruitment and procedures were approved by both the College of the Holy Cross and Boston College's Institutional Review Boards.

Of the 202 students, three students had excessive missing data (over 21%) and one student identified their age as 17 years old, which did not qualify them for the study. Additionally, two participants identified as White, which does not qualify them from the study. Therefore, 196 participants were obtained for the data analyses. They ranged in age from 18 to 24 years old ($M = 19.94$, $SD = 1.41$). Most of the participants identified as women (67.3%, $n=132$), and 32.7% identified as male ($n=64$). Participants were Black/African American (15.3%, $n=30$), Hispanic or Latino (36.2%, $n=71$), Asian, Asian American, or Pacific Islander (30.1%, $n=59$), and Biracial or Multiracial (18.4%, $n=36$). To note, originally, two participants identified as Pacific Islander, due to the small number of participants in that group, and in efforts to keep group size relatively equal, the Asian or Asian American and Pacific Islander racial groups were collapsed into one, "Asian, Asian American, or Pacific Islander" group as described above.

Participants identified a relatively even spread across the four years of college, self-identifying as first-year students (16.8%, $n=33$), sophomores (23.0%, $n=45$), juniors (17.9%, $n=35$), seniors (29.1%, $n=57$) or between years (12.8%, $n=25$). The last category was meant to capture students who were not on a typical academic year trajectory (e.g., had taken a semester off, or needed an extra semester to complete their degree). However, since a large part of the recruitment took place during the summer, those who chose this category wrote in “rising” sophomore, junior or senior, respectively. With respect to their socioeconomic status, participants self-identified as low-income (14.3%, $n=28$), working class (35.2%, $n=69$), middle class (28.6%, $n=56$), upper middle class (21.9%, $n=43$). To note, originally, two participants identified as “upper class”. In efforts to try and keep group sizes relatively equal, the upper middle-class group and upper class group was collapsed into one, as described above. When asked about their first generation college student status, 35.7% ($n=70$) reported they were the first in their family to attend college, while 64.3% ($n=126$) said they were not the first person in their family.

In order to obtain adequate power and variability between constructs, a sufficient number of participants are needed. Using G*Power 3.1.5 (Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007) to calculate a priori power analysis for a study with five predictor variables (α of .05) a small anticipated effect size, a minimum sample size of 110 participants was needed. Therefore, a sample of 196 students is sufficient. As of the fall 2012, the College of the Holy Cross reported that approximately 664 (or 23% of 2891 total student population) identified as combined minority or international students. However, the actual number of self-identified students

of color is thought to actually be lower than 664, since being an international student does not mean that student identifies as a POC.

Procedure

Participants were recruited via email provided by the registrar's office, of students who self-identified with the college as a POC. Additional recruitment through email took place via leaders of other student-lead organizations on campus such as Asian Students in Action (ASIA), Black Student Union (BSU), Caribbean African Student Assemblage (CASA), Individuals of all Nations Developing Indian Appreciation (INDIA), and Latin America Students Organization (LASO).

Emails and recruitment announcements introduced the study, qualifications to the study, and a link to the Qualtrics online version of the survey. As an incentive, participants had the opportunity to provide their email to enter a raffle for one of two gift cards. To protect the anonymity of the participants, the feature in Qualtrics which allows participants to provide their email address without exposing or linking it to their survey data was used.

Measures

Each participant was asked to complete the following measures in an online survey. In total, 142 items were asked, and according to Qualtrics, it took participants anywhere from 3.5 minutes to 24 hours and 52 minutes. The online function of the survey allowed participants to leave open the link to the page and take as much time as needed. A further breakdown the time it took to complete the survey, however, indicated 2.5% took less than 5 minutes; 82% of the participants took between 10-25 minutes;

9.4% took between 30-60 minutes; and 5% took 60 minutes or more to complete the survey.

Demographic Questionnaire. Participants were asked to complete a demographic questionnaire to collect information about their age, self-identified racial background, gender, socioeconomic status (SES), year in school, and first-generation college student status (See Appendix A). Information collected from this questionnaire was used in the preliminary analysis to assess whether any demographic variables are significantly related to RRS, SS, SOP, SPD or psychological well-being.

Race-Related Stress. To assess students' RRS, the General Ethnic Discrimination Scale (GED; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006) was administered (See Appendix B). The measure was originally designed and modified from the Schedule of Racist Events (SRE, Landrine & Klonoff, 1996) as a self-report inventory to assess the frequency of perceived ethnic discrimination for Black/African Americans. The newly revised GED scale is intended to assess frequency of perceived ethnic discrimination for any ethnic group experiencing racist event and the extent to which they experienced the event as stressful. The original measure is made up of an 18-item scale which asks participants to rate the frequency of the event (e.g., "how many times have you *been treated unfairly by teachers and professors because of your race/ethnic group?*", "How many times did you *want to tell someone off for being racist but didn't say anything?*", "How many times have you been *made fun of, picked on, pushed, shoved, hit, or threatened with harm* because of your race/ethnic group?") on a Likert-scale from 1 = *Never*, 2 = *Once in a While*, 3 = *Sometimes*, 4 = *A Lot*, 5 = *Most of the Time*, and 6 = *Almost All of the Time*. Each item is designed to be addressed three times, thus creating

three 18-item subscales; once for the frequency within the *past year* (recent), once for the frequency *during the entire lifetime* (lifetime), and then measuring the *stressfulness* (or appraisal) of each item assessed on a Likert-scale from 1 = *not at all stressful* to 6 = *extremely stressful*.

Each subscale is one-dimensional and while scores on all three scales are correlated, each one has a different relationship to outcome variables. For example, researchers Thompson & Subich (2011) only used the recent GED in their study noting their interest in more recent experiences with racist events due to the proximal nature of them. Other researchers like Borders & Liang (2011) used all three subscales to understand the relationship between racial discrimination and emotional stress. Borders and Liang found perceived racial discrimination to be correlated to depressive symptoms in the undergraduate ethnic minorities sample in their study. Still, scholars Graham & Roemer (2012) used a composite of all three subscales on the original SRE in their study due to very high correlation between subscales in their sample. Therefore, for this study, each subscale as well as the composite of all three scales were used to test for significance in the first hypothesis. Only the recent and appraisal subscale was used in hypotheses two through five.

Klonoff, Landrine, & Ullman (1999) demonstrated evidence for construct validity with high positive correlations between SRE and scores on the Hopkins Symptom Checklist (HSCL-58; Derogatis, Lipman, Rickles, Ulenhuth, & Covi, 1994), demonstrating that participants with high-stress related symptoms also reported more experienced frequent racist events. Klonoff et al. (1999) also found that recent discrimination scores on the SRE are strongly related to depression. Landrine et al.

(2006) reported data for the original SRE demonstrates convergent validity through correlational relationships with other stress measures, such as the Hassles Scale. These studies provide evidence for construct and convergent validity of the GED measure.

Reliability has been measured through internal consistency with a college and community sample. The Cronbach's alphas (α) reported in the initial validation of the study were high for SRE (*recent*, *lifetime* and *appraisal*) across White (.91-.92), Black/African American (.93-.95), Latino/as (.93-.94), and Asian American (.91-.94) participants. Sherry, Wood, Jackson, & Kaslow (2006) also found high internal consistency using the SRE with an African American adult sample, reporting an internal consistency of .91, .93, and .93 for recent, lifetime and appraisal respectively. Lastly, Landrine et al. (2006) reported strong and significant ($p < .05$) factor loadings for all of the latent subscales in the GED, ranging from .82-.99 for the community sample and .80 - .98 for the college sample. For this investigation, the Cronbach's alpha reliability was .97 for the entire scale, ($\alpha = .93$) for the recent, ($\alpha = .93$) for the lifetime, and ($\alpha = .93$) for the appraisal subscales.

Social support. To assess students' perceived Social Support (SS), the Multidimensional Scale of Perceived Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was administered (See Appendix B). The questionnaire is a self-administered 12-item scale which assesses SS from three sources; family (items 3, 4, 8 & 1), friends, (items 6, 7, 9, & 12), and significant other (items 1, 2, 5, & 10). Some examples include, "I get the emotional help and support I need from my family", "I can count on my friends when things go wrong" and "there is a special person who is around when I need them"

respectively. Participants are asked to assess their agreement using a Likert-scale from 1 = *very strongly disagree* to 7 = *very strongly agree*.

Reliability was measured through internal consistency. The Cronbach's alpha reported in the initial validation of the study was good for the entire scale ($\alpha = .88$), with individual subscales at .87 (Family) and .85 (Friends) and .91 (SO). Two to three-month test-retest stability was good with reliability coefficients of .85 (Family) and .75 (Friends) and .72 (SO). Not surprisingly, two subscales (friends and significant other) were moderately correlated ($r = .63$). Zimet et al., (1988) also found good convergent validity between MSPSS and measures of depression and anxiety (HSCL-58; Derogatis et al., 1994). As predicted, family support was both significantly inversely related to depression, $r = -.24, p < .01$ and anxiety, $r = -.18, p < .01$, friend support was significantly related to only depression, $r = -.24, p < .01$, and significant others' support was minimally related to depression, $r = -.13, p < .05$. The entire scale was significantly related, $r = -.25, p < .01$. For this investigation, the Cronbach's alpha reliability was .95 for the entire scale, ($\alpha = .91$) for family, ($\alpha = .95$) for peer, and ($\alpha = .94$) for the significant other subscales. This study used the full scale to test hypotheses two through five.

Sense of Purpose. To assess students' SOP, two scales were utilized to capture both the meaning and purpose as defined in chapter two. First, the Meaning in Life Questionnaire (MLQ; Steger et al., 2006) was administered (See Appendix D). The questionnaire is a self-administered 10-item scale, which assesses meaning in life through active searching (search subscale; 2, 3, 7, 8 & 10) and/or identifying the presence of current meaning (presence subscale; 1, 4, 5, 6, & 9-reverse coded). Participants are asked

to assess how true a statement is for them, using a Likert-scale, ranging from 1 = *absolutely untrue* to 7 = *absolutely true*. Example items on the search (S) scale include “I am looking for something that makes my life feel meaningful” and “I am always searching for something that makes my life feel significant”. Example items on the presence (P) scale include “I understand my life’s meaning” and “My life has a clear sense of purpose”.

Reliability was measured through internal consistency. The Cronbach’s alpha reported in the initial validation of the study were good with individual subscales at .86 (search) and .86 (presence). One-month test-retest stability was also good, with reliability coefficients of .70 (presence) and .73 (search). Steger et al., (2006) also found good convergent validity between MLQ-P and other measures meant to assess meaning, (The Purpose in Life Test [PIL], Crumbaugh & Maholick, 1964; and the Life Regard Index [LRI], Battista & Almond, 1973). Correlation coefficients with those measures were .58 and .74 respectively. Duffy, Allen and Bott (2012) used the 5-item presence subscale to measure meaning in their study with a Cronbach’s alpha of .87 for the subscale. Duffy et al.’s. (2012) surveyed undergraduate students, and found the presence of meaning to be correlated with all other measures assessing life calling and satisfaction ($r = .31 - .44$). For this investigation, the Cronbach’s alpha reliability was .80 for the entire scale, ($\alpha = .88$) for the searching and ($\alpha = .82$) for the presence subscales. Because this scale measures meaning as a factor of SOP, this scale will be referred to as sense of meaning (SOM) in the following chapters. Both subscales and the full scale will be assessed in hypotheses two and three and only significant scales will be used in hypotheses four and five.

The second scale was used to further assess students' SOP, the Scales of Psychological Well-Being – Purpose in Life subscale (SPWB-PL; Ryff, 1989) was administered to further assess students SOP (See Appendix E). In order to examine a complete sense of purpose and meaning in life, this scale was used in addition to the MLQ. Other scholars such as, Cotton Bronk, Hill, Lapsley, Talib, & Finch (2009) also used a combination of the two scales to measure youths' purpose in life. In fact, two of the three scales in their study, included the MLQ and SPWB-PL, along with the PIL (Crumbaigh & Maholick, 1967). The 14-item, Purpose in Life (PL) measure is a subscale of the 84-item (long form) self-administered Scales of Psychological Well-Being, which assesses six areas of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. Participants are asked to assess their agreement with a statement on a Likert-scale from 1 = *strongly disagree* to 6 = *strong agree*. Example of items on the PL subscale are, “some people wander aimlessly through life, but I am not one of them” or reverse-score items such as “I sometimes feel I’ve done all there is to do in life.” Higher scores in a subscale indicate a person has some mastery over that part of their life, whereas lower scores indicate a participant’s struggle to feel comfortable with that area or concept in life.

Reliability for the PL was measured with internal consistency. The Cronbach’s alpha reported in the initial validation of the study was good for the individual PL subscale at .98 and test-retest stability coefficients were good at .88. Cotton-Bronk et al., (2009) identified two subscales from the combined three (noted above), Identified Purpose (15 items, $\alpha = .94$) and Searching for Purpose (5 items, $\alpha = .94$). Moreover, Burrow, Stanley, Sumner, & Hill (2014) found the PL scale to be positively correlated

with other variables in their study such as openness ($r = .18$), positive affect ($r = .49$) and comfort with diversity ($r = .27$) for the sample of White adults. For this investigation, the Cronbach's alpha reliability was .87 for the subscale SPWB-PL.

Critical consciousness. To assess students' critical consciousness, the Sociopolitical Control Scale (SPCS; Zimmerman & Zahniser, 1991) was administered (See Appendix F). As discussed in chapter two, SPD is a component of critical consciousness, and has also been used to measure the construct quantitatively (Diemer et al., 2006; Diemer & Li, 2011). The SPCS questionnaire is a self-administered 17-item scale which measures participants' confidence in leadership (Leadership Competence [LC] subscale; "I would prefer to be a leader rather than a follower", "other people usually follow my ideas", and reverse-scored items like "I would rather someone else took over the leadership role when I'm involved in a group project") and one's sense of competence for influencing governmental policy decisions (Policy Control [PC] subscale; "I feel like I have a pretty good understanding of the important political issues which confront our society", "there are plenty of ways for people like me to have a say in what our government does", and reverse-scored items like "Most public officials wouldn't listen to me no matter what I did"). Participants were asked to assess their agreement with a statement on a Likert-scale from 1 = *strongly disagree* to 5 = *strong agree*.

Reliability was measured by internal consistency. The Cronbach's alphas reported in the initial validation of the measure with three different samples were good, with alpha's ranging from = .76 - .78 (LC) and .75 - .76 (PC). Diemer et al. (2006) reported similar results ($\alpha = .74$) with their adolescent sample, using the full scale to measure critical consciousness. Christens & Peterson (2011) also found strong internal

consistency ($\alpha = .88$) for high school youths of color. Although the subscales did not correlate with mental health wellness or instruments of social power, they did correlate with items measuring social capital openness, and participating socially to one's community ($r = .11 - .28$). Construct validity of the subscales was supported by the correlational results with measures of alienation and leadership. For this investigation, the Cronbach's alpha reliability was .86 for the entire scale, ($\alpha = .82$) for leadership competence, and ($\alpha = .82$) for the policy control subscales.

Psychological well-being. To assess psychological well-being and freedom from psychological distress, two measures were utilized, the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) (See Appendix G) and the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1989; University of Maryland, n.d.) (See Appendix H).

The CES-D is a self-administered 20-item scale measuring depressive symptoms in the last week for the general adult population. Lower scores on the scale indicate less depressive symptoms. Conversely, higher scores indicate more severe levels of depression. Participants are asked to rate the experiencing of symptoms on a four point Likert-scale, ranging from 1 = *Rarely or None of the Time (less than 1 day)*, 2 = *Some or a Little of the Time (1-2 days)*, 3 = *Occasionally or a Moderate Amount of Time (3-4 days)*, and 4 = *Most or All of the Time (5-7 days)*. Items on the scale include, "I did not feel like eating; my appetite was poor", "I felt depressed", "I felt that I was just as good as other people". The measure can be split into four subscales: negative affect, low positive affect, somatic, and interpersonal.

Reliability was measured by internal consistency. The Cronbach's alpha for the total measure was .85 for the general public and .90 for a clinical sample. Similarly, Herman, Archambeau, Deliramich, Kim, Chiu, & Frueh, (2011) found a total alpha coefficient of .88 for college aged students who represent a variety of race and ethnicities. In a study with Chinese American college students, results were similar, ($\alpha = .88$) (Ying, Lee, Tsai, Yeh, & Huang, 2000). Those same researchers also found that depression was better captured for Chinese Americans using the CES-D than other scales. In a study of Latino adolescents, Chithambo et al. (2014) found depressive symptoms to be correlated with discrimination ($r = .44$) and loss of control ($r = .31$) among other variables, demonstrating adequate construct validity. For this investigation, the Cronbach's alpha reliability was .90 for the entire scale.

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1989; University of Maryland, n.d.) is a self-administered 10-item scale measuring self-esteem, or positive or negative orientation to oneself. Lower scores on the scale indicate lower self-worth. Conversely, higher scores indicate higher levels of self-worth. Participants are asked to rate items on a four point Likert-scale ranging from 3 = *Strongly Agree*, 2 = *Agree*, 1 = *Disagree*, and 0 = *Strongly Disagree*. Items on the scale include, "I feel that I'm a person of worth, at least on an equal plan with others" and "I take a positive attitude toward myself". Five items on the scale are reversed scored such as "All in all, I am inclined to feel that I am a failure". To be consistent with other scales given to participants in this study, this scale was expanded to a 7-point Likert scale. As noted by the University of Maryland (University of Maryland, n.d.), some researchers expand the Likert scale to 5 or 7 points.

Reliability was measured by internal consistency, with the reported total Cronbach's alpha for the measure between .77 and .88 (Rosenberg, 1989). In addition, test-retest correlations range from .82 to .88. A study by Jones, Cross, & DeFour (2007) reported a Cronbach's α of .83 for 118 African American women and 144 Caribbean women in their study. These researchers also used the SRE and CES-D among other measures in their study to understand how multicultural identity attitudes impact mental health. Similarly, Lee (2003) reported internal reliability of .88-.89 with Asian American college students. Moreover, Lee reported concurrent validity of the RSE for the same sample through correlations with measures of social connectedness ($r = .33$), and community well-being ($r = .44$), among those same students. For this investigation, the Cronbach's alpha was .91 for the entire scale.

CHAPTER 4 – RESULTS

In this chapter, data analytic methods will be discussed including the collection of the final sample, identification of univariate outliers, handling of missing data, preliminary analyses assessing demographic comparisons, transformations, intercorrelations, and finally, the primary analyses of the testing of each hypotheses.

Data Analysis Procedures

Data was collected from 202 participants according to the procedures outlined in chapter three. The inclusion of participants was determined through the application of several criteria. The study required that each participant self-identify as a college undergraduate over 18 years old. One participant indicated they were 17 years of age and was therefore not included in the data analyses and study sample. A second inclusion criteria involved students self-identifying as a person of color. Two participants identified themselves as White without any additional self-identified write-in, and therefore, they were not included in the data analyses and study sample. Lastly, three participants did not meet inclusion criteria of answering at least 80% of the items on a given measure, and therefore, they were not included in the data analyses and study sample. In the end, 196 participants met inclusion criteria and were retained for data analyses.

The data set was further analyzed for univariate outliers. A z -score was computed for each scale and subscale score in the study. A univariate outlier is defined by a z -score that is greater than or equal to ± 3.67 , $p \leq .001$ (Tabachnick & Fidell, 2007). A total of 12 cases (two in the SOM searching subscale; one in the SOM presence subscale; four in both RRS recent and lifetime subscales; two in the RRS appraisal subscale; two in the

SOM full scale, four in the total RRS full scale, three in the SS full scale; one in the depression scale, and one in the self-esteem scale) yielded z -scores identifying them as outliers. In a sample of more than 100, it can be expected that a few standard scores would be more than $z = \pm 3.00$ (Stevens, 2002), simply by chance. After careful review of each of the 12 cases, they all appeared to have answered the (sub)scales in question, with extremes values. That is, if the Likert scale was 1 to 7, all 12 participants' answers were characterized by predominantly 1's or predominantly 7's. They all met demographic inclusion criteria, and therefore, although their responses may represent the extremes of the sample, there is no reason to eliminate these cases from the sample of the students of color in PWI.

To address missing data, all items were analyzed to highlight patterns of missing data. No scale had 5% or more missing data. Little's MCAR test was not significant ($\text{sig.} = .121$), which is desirable, indicating that data was missing at random (Tabachnick & Fidell, 2013). Tabachnick & Fidell (2013) noted that in data sets with less than 5% of data missing at random, the choice of method for handling missing data will not affect findings. The mean substitution method was used for this data set, such that the mean answer for all participants who responded to an item was calculated and substituted for the missing item within a subscale.

To note, an error was made in the online survey for the scale measuring RRS, where the item "How many times have you been treated unfairly by *people in service jobs (store clerks, waiters, bartenders, bank tellers, and others)* because of your race/ethnic group?" was asked twice and the item "How often have you been *really angry about something racist that was done to you?*" was omitted accidentally. Therefore,

since all participants in this study answered the former question twice, an individual mean score for that one item was created across the two identical items for each participant and used in computing the subscale and full scale analyses.

Preliminary analyses

A quantitative statistical analysis software, SPSS, was utilized to run both preliminary and main analyses. A number of preliminary steps were conducted before the main analyses.

To determine whether variables assessed in the current study met the assumption of normality for general linear models, all continuous variables and their subscales were examined for skewness and kurtosis. Tabachnick & Fidell (2007) suggest using the standard skewed scores, identifying a value of greater than $z = \pm 3.29$ ($p < .001$, two-tailed test) as indicating a significant departure from normality. Table 1 shows that eight of the ten subscale and five of the seven total scales were skewed, therefore square root transformations were performed on five subscales and three full scales, and log transformations were performed on three subscales and two full scales that were originally more skewed, as indicated on the table. When considering transformations, Tabachnick & Fidell (2013) suggest using square root transformations when the distribution departs moderately from normal and log transformation when the distribution is more severe. Two of the RRS (recent and appraisal) and one of the SS subscales (other) remained moderately skewed even after transformation as noted in Table 1. Although transformations are not always suggested because there are varying views about “altering” data, Tukey recommends use of transformations, which represent just another “re-expression” of the data (Howell, 2007).

Table 1
Transformations of Skewed Variables

	Original Standard Skewness value	Std. Skewness after SQRT transformation	Std. Skewness after LG10 transformation
Race-related stress (RRS)	8.637*	-	2.966
RRS recent	11.837*	-	5.069*
RRS lifetime	7.908*	-	2.287
RRS appraisal	8.477*	-	3.396*
Social support (SS)	-7.626*	-.052	-
SS family	-6.775*	2.574	-
SS peer	-7.402*	2.707	-
SS other	-7.862*	3.310*	-
Sense of meaning (SOM)	-5.781*	.161	-
SOM searching	-5.965*	.845	-
SOM presence	-5.241*	.764	-
Sense of purpose (SOP)	-3.017	-	-
Sociopolitical development (SPD)	-.517	-	-
SPD leadership	-1.465	-	-
SPD policy	-0.890	-	-
Depression	6.879*	-	2.925
Self-esteem	-5.224*	.776	-

Note: **Bold** titles are values for the full scales.

*significantly skewed scale, $z > \pm 3.29$ ($p < .001$, two tailed test).

Because some of the (sub)scales were negatively skewed (e.g. SOM and the subsequent searching and presence subscales; SS and the subsequent family, other, and peer subscales; and the self-esteem scale), they were reflected before being transformed. It is important to note that these scores are now reversed and are noted (†) throughout the rest of the results section. Thus, they require an inverse interpretation in the results. For example, prior to transformation, a high score on self-esteem corresponded to a participant endorsing high self-esteem qualities. Because the variable self-esteem was reflected before transformation, higher scores on this variable are now interpreted as corresponding to lower self-esteem. The same is true for the other (sub)scales that were

negatively skewed, which are mentioned above. All other variables were normally distributed.

Descriptive statistics of variables prior to transformations and correlations using transformed variables were computed. These findings are presented in Table 2 and Table 3 respectively. Despite the RRS measure missing one item due to researcher error, item means for this study (recent, $M = 1.68$, $SD = .69$; lifetime, $M = 1.89$, $SD = .74$; and appraisal, $M = 1.89$, $SD = .89$) on a 6-point Likert scale, are comparable to the original study for the same measure with a mix of 55% college students and 45% community participants (recent, $M = 1.51$, $SD = .62$; lifetime, $M = 1.77$, $SD = .76$; and appraisal $M = 1.86$, $SD = .96$; see Landrine et al., 2006). These results are also comparable, though with slightly low levels of reported RRS, when compared to another study with 170 ethnic minority undergraduate students (recent, $M = 1.68$, $SD = .65$; lifetime, $M = 2.04$, $SD = .71$; and appraisal $M = 2.36$, $SD = 1.09$; see Borders & Liang, 2011). The missing item did not affect the item mean for the current sample. The results suggest the current participants experienced similar levels of RRS as is typical for college students. Overall, college students report low-end levels of RRS on a 6-point Likert scale, indicating – on average – they “never” or “sometimes” experience RRS. Scale means for all measures can be found in Table 2.

The item mean SS subscales for this study (family, $M = 5.52$, $SD = 1.47$; peer, $M = 5.58$, $SD = 1.43$; and significant other, $M = 5.71$, $SD = 1.43$) on a 7-point Likert scale, are comparable to the original study for the same measure, surveying 275 undergraduate students enrolled in a PWI, (family, $M = 5.80$, $SD = 1.12$; peer, $M = 5.85$, $SD = .94$; and significant other, $M = 5.74$, $SD = 1.25$; see Zimet et al., 1988). Similar mean scores were

also reported in a study by Hefner and Eisenberg (2011) with college students ($N=1378$) and mental health outcomes (family, $M = 5.60$; peer, $M = 5.50$; and significant other, $M = 5.47$). Participants in this study, like other college students, generally report positively receiving support.

The item mean SOM subscales for this study (searching, $M = 5.33$, $SD = 1.27$; presence, $M = 5.16$, $SD = 1.09$) on a 7-point Likert scale, was slightly higher, but within one SD, to that of the original study for this measure with undergraduate students (searching, $M = 4.68$, $SD = 1.26$; presence, $M = 4.76$, $SD = 1.18$; see Steger et al., 2006). For SOP, there is currently no research with a comparable sample. One study that sampled predominantly White adults reported a scale mean for a nine-item SOP scale of 4.99, $SD = 1.08$ (see Burrow et al., 2014). The scale mean for SOP for this study was 4.65, $SD = .79$, on a 6-point Likert scale. Participants in this study report slightly high levels of SOM and slightly lower levels of SOP, compared to other samples, though within one SD of their respective measures.

The item mean for SPD for this study ($M = 4.11$, $SD = .80$) on a 6-point Likert scale, is slightly higher, although within one SD, compared to a study with high school students of color ($M = 3.88$, $SD = .62$, see Diemer et al., 2006). Participants in this study report slightly elevated levels of SPD.

The item mean for depression for this study ($M = .67$, $SD = .51$) suggests a slightly less depressed sample when compared to 170 ethnic minority college-aged students ($M = 1.09$, $SD = .39$; see Borders & Liang, 2011), yet comparable to a sample of 13-18 year old Black high school students ($M = .61$, $SD = .32$; see Seaton, Upton, Gilbert, & Volpe, 2014). Although the depression scale is not intended for use in formal

diagnosis, a mean scale score of 16 and above for the depression scale is suggestive of depression in both general and inpatient populations (Radloff, 1977). The scale mean for this study ($M = 13.49$, $SD = 10.19$) does not meet that cutoff, indicating the sample is not generally described as depressed. The item mean for self-esteem for this study ($M = 4.48$, $SD = 1.09$) on a 7- point Likert scale, is comparable to a study with a sample of Asian Americans ($N=210$) which used a 4-point scale ($M = 3.39$, $SD = .47$; see Kaduvettoor-Davidson & Inman, 2012); and with African American high school students ($N = 324$) also using a 4-point scale ($M = 3.40$, $SD = .54$; see Seaton, 2009). In comparison, participants in this study generally reported somewhat higher and positive levels of self-esteem.

Table 2
*Means and Standard Deviations**

	M	SD	Possible Range	Obtained Range	Likert Scale
Race-related stress (RRS)	90.93	36.24	53-315	50-233	1-6
RRS recent	28.50	11.73	18-108	17-83	
RRS lifetime	32.18	12.60	18-108	17-83	
RRS appraisal	30.26	14.31	17-102	16-89	
Social support (SS)	67.21	15.02	12-84	12-84	1-7
SS family	22.06	5.88	4-28	4-28	
SS peer	22.33	5.72	4-28	4-28	
SS other	22.83	5.72	4-28	4-28	
Sense of meaning (SOM)	52.45	8.67	10-70	16-70	1-7
SOM searching	26.66	6.33	5-35	5-35	
SOM presence	25.79	5.44	5-35	7-35	
Sense of purpose (SOP)	65.05	11.10	14-84	29-84	1-6
Sociopolitical development (SPD)	69.93	13.59	17-102	34-102	1-6
SPD leadership	34.44	7.26	8-48	13-48	
SPD policy	35.50	8.52	9-54	10-54	
Depression	13.94	10.19	0-60	0-53	0-3
Self-esteem	46.83	10.87	0-30**	10-60**	1-7**

Note: **Bold** titles are values for the full scales. All other scales represent subscale totals.

* Raw scores prior to transformation

** Possible range based on a 4-point Likert scale, obtained range based on 7-point Likert.

Table 3

Correlations Among Race-Related Stress, Psychological Well-Being, and hypothesized Moderator Variables (N = 196).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Race-related stress (RRS)	--																
2. RRS recent	.944***	--															
3. RRS lifetime	.969***	.917***	--														
4. RRS appraisal	.924***	.785***	.829***	--													
5. Social support (SS)	.171*†	.232***†	.179*†	.091†	--												
6. SS family	.133†	.181*†	.141*†	.078†	.865***	--											
7. SS peer	.173*†	.243***†	.198***†	.061†	.855***	.601***	--										
8. SS other	.112†	.154*†	.099†	.077†	.860***	.641***	.630***	--									
9. Sense of meaning (SOM)	-.007†	-.011†	-.004†	-.024†	.298***	.289***	.226**	.260***	--								
10. SOM searching	-.065†	-.034†	-.058†	-.111†	.091	.100	.088	.050	.788***	--							
11. SOM presence	.050†	.000†	.047†	.091†	.363***	.349***	.250***	.343***	.672***	.094	--						
12. Sense of purpose (SOP)	-.106	-.090	-.071	-.146*	-.406*** †	-.407*** †	-.286*** †	-.337*** †	-.421*** †	-.096†	-.579*** †	--					
13. Sociopolitical development (SPD)	.055	.042	.065	.041	-.359*** †	-.295*** †	-.294*** †	-.292*** †	-.213** †	-.019†	-.328*** †	.458***	--				
14. SPD leadership	.098	.088	.112	.066	-.303*** †	-.235** †	-.275*** †	-.227** †	-.220** †	.003†	-.381*** †	.474***	.835***	--			
15. SPD policy	.004	-.007	.009	.010	-.314*** †	-.270*** †	-.234** †	-.273*** †	-.151*†	-.033†	-.198** †	.326***	.883***	.480***	--		
16. Depression	.389***	.386***	.347***	.386***	.399***†	.406***	.291***	.305***	.125†	-.129†	.352***†	-.548***	-.366***	-.337***	-.298***	--	
17. Self-Esteem	.271***†	.218***†	.260***†	.290***†	.392***	.386***	.294***	.321***	.304***	-.048	.551***	-.585*** †	-.417*** †	-.430*** †	-.299*** †	.725***†	--

Note. Correlations computed following variable transformation. **Bold** titles are values for the complete scales. High scores on the RRS, SOP, SPD, and depression variables represent greater levels of each variable. Higher scores on the SOM, SS, and self-esteem indicate lower levels of each variable.

* $p < .05$, ** $p < .01$, *** $p < .001$

† inverse interpretation

Five one-way MANOVA's (multivariate analysis of variance) were conducted, one for each of the demographic variables, to determine whether the psychological well-being variables (depression and self-esteem) differed across demographic groups. There were no significant differences for gender [$F(2, 193) = .56, p > .05$, Wilk's $\Lambda = 0.994$, partial $\eta^2 = .006$]; for race [$F(6, 378) = 1.50, p > .05$, Wilk's $\Lambda = 0.954$, partial $\eta^2 = .023$]; for year in school [$F(8, 378) = .117, p > .05$, Wilk's $\Lambda = 0.952$, partial $\eta^2 = .024$]; for socioeconomic status [$F(6, 382) = 1.98, p > .05$, Wilk's $\Lambda = 0.941$, partial $\eta^2 = .030$]; or for generational status [$F(2, 193) = .106, p > .05$, Wilk's $\Lambda = 0.999$, partial $\eta^2 = .001$] in relation to psychological well-being. Because none of the five MANOVA's were significant, demographic variables were not considered in subsequent analyses.

Primary Analyses

A correlation analysis (see Table 3) of the predictor (RRS) and outcome variables (depression and self-esteem) was performed to test the first hypothesis of the study. A Bonferroni corrected alpha level of 0.006 was used to account for eight comparisons in each of the first three hypotheses. Significant and positive correlations were found between the RRS (sub)scales and depression; RRS recent events and depression ($r = .386, p < .001$); RRS lifetime events and depression ($r = .347, p < .001$); RRS appraisal and depression ($r = .386, p < .001$); and the full RRS scale and depression ($r = .389, p < .001$). Significant and negative correlations were found between the RRS (sub)scales and self-esteem; the correlation between RRS recent and self-esteem was not significant at the .006 level; RRS lifetime and self-esteem ($r = -.260, p < .001$); RRS appraisal and self-esteem ($r = -.290, p < .001$); and the full RRS scale and self-esteem ($r = -.271, p < .001$).

For the rest of the analyses, RRS recent and RRS appraisal were used as predictor variables for the respective analyses. The recent subscale, which measures events within the past year, was included to assess participants' experience of racial stress while attending a PWI. Additionally, the searching subscale for SOM was not included in subsequent analyses because it was not significantly correlated with any other variables in the study. Therefore, the 5-item SOM presence (SOMp) subscale was used for all further analyses to assess SOM. All other hypothesized moderator variables (i.e., SOP, SS, and SPD) were assessed across the analyses using the full scale scores, rather than the subscales, as discussed in chapter two.

Correlation analyses of the predictor variable and hypothesized moderators were performed to test the second set of study hypotheses (see Table 3). Correlations between RRS appraisal or RRS recent and SS, SOMp, SOP, and SPD were not statistically significant (Hypothesis 2a through 2c), suggesting no relationship between RRS appraisal or recent and the internal and external hypothesized moderators in this study.

Correlation analyses of the hypothesized moderator variables and the outcome variables (depression and self-esteem) were performed to test the third set of hypotheses (see Table 3). Significant and negative correlations were found between the measures of SS and depression ($r = -.399, p < .001$) and significant and positive correlations between SS and self-esteem ($r = .392, p < .001$) (Hypothesis 3a). Significant and negative correlations were found between the measures of SOMp and depression ($r = -.352, p < .001$) and significant positive correlations between SOMp and self-esteem ($r = .551, p < .001$) (Hypothesis 3b). Significant and negative correlations were found between the measures SOP and depression ($r = -.548, p < .001$) and significant and positive correlations between SOP and self-esteem ($r = .585, p < .001$) (Hypothesis 3b). Lastly, significant negative correlations were found

between the measures of SPD and depression ($r = -.366, p < .001$) and significant positive correlations between SPD and self-esteem ($r = .417, p < .001$) (Hypothesis 3c).

Twelve hierarchical multiple regressions were conducted for hypothesis four, assessing the possible moderating effects of SS, SOMp, SOP, and SPD on the RRS appraisal and RRS recent, in explaining psychological well-being (depression and self-esteem). Predictor variables (RRS appraisal, RRS recent, SS, SOMp, SOP, and SPD) were “centered” (i.e., mean deviation scores were created by subtracting the sample mean from each participant’s mean score) in order to decrease multicollinearity for the main effects and interaction terms, as suggested by Aiken and West (1991) and Tabachnick and Fidell (2013).

For each hierarchical multiple regression, RRS appraisal or RRS recent was entered in Step 1. For Step 2, the hypothesized moderator (either SS (hypothesis 4a) or SOMp and SOP (hypothesis 4b) or SPD (hypothesis 4c)) was entered as a main effect, and the interaction term created between the two main effects (e.g. RRS appraisal x SS) was entered as Step 3.

Hypothesis 4a assessed whether SS moderated the effect of RRS appraisal or RRS year on depression and self-esteem (see Table 4 and Table 5 respectively). Results of the regression analysis provided partial support for the hypothesis. The first model in Table 4, predicting depression, beta coefficients for the three predictors of depression in Step 3 were RRS appraisal, $\beta = .353, t = 5.84, p < .001$; SS, $\beta = .376, t = 6.12, p < .001$; and the interaction term of RRS appraisal and SS, $\beta = .153, t = 2.53, p < .05$. The best fitting model for predicting depression at Step 3 is a linear combination of RRS appraisal, SS, and an interaction of both variables ($R^2 = .306, F(3,192) = 28.18, p < .05$). Beta coefficients in the second model for the three predictors of depression in Step 3 were RRS recent, $\beta = .301, t =$

4.57, $p < .001$; SS, $\beta = .329$, $t = 5.12$, $p < .001$; and the interaction term of RRS recent and SS, $\beta = .042$, $t = .649$, $p > .05$. The best fitting model for explaining depression at Step 2 is a linear combination of RRS recent and SS, ($R^2 = .250$, $F(2,193) = 19.90$, $p < .001$). The addition of the interaction term for depression did not significantly improve prediction (R^2 change = .002, $F(3,192) = 21.55$, $p > .05$).

Table 4

Regression Information for Race-Related Stress (Appraisal and Recent) and Social Support on Depression

	Predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Depression									
Step 1						.149**	.149**	34.00	1, 194
	RRSa	.257	.044	.386**	5.83				
Step 2						.283**	.133**	35.89	1, 193
	RRSa	.234	.041	.353**	5.76				
	Social Support (SS)	.025	.044	.367**	5.99				
Step 3						.306*	.023*	6.40	1, 192
	RRSa	.234	.040	.353**	5.84				
	Social Support (SS)	.026	.004	.376**	6.12				
	RRSa x SS	.058	.023	.152*	2.53				
Depression									
Step 1						.149**	.149**	34.02	1, 194
	RRSr	.311	.053	.386**	5.83				
Step 2						.250**	.101**	26.02	1, 193
	RRSr	.250	.052	.310**	4.85				
	Social Support (SS)	.022	.004	.327**	5.10				
Step 3						.252**	.002	.42	1, 192
	RRSr	.242	.053	.301**	4.57				
	Social Support (SS)	.022	.004	.329**	5.12				
	RRSr x SS	.019	.029	.042	.65				

Note. $N=196$. RRSa = Race-Related Stress appraisal. RRSr = Race-Related Stress recent. High scores on the RRS and depression variables represent greater levels of each variable. Higher scores on the SS indicate lower levels of the variable. At Step 3 in the first model, R^2 for the final Depression model = .31, $F(3,192) = 28.18$, $p < .001$. At Step 3 in the second model, R^2 for the final Depression model = .25, $F(3,192) = 21.554$, $p < .001$. * $p < .05$, ** $p < .001$

Findings for Hypothesis 4a for the analyses predicting self-esteem are reported in Table 5. The first model, in Table 5, beta coefficients for the three predictors predicting self-esteem at Step 3 were RRS appraisal, $\beta = .257$, $t = 4.01$, $p < .001$; SS, $\beta = .372$, $t = 5.81$, $p < .001$; and the interaction term of RRS and SS, $\beta = .053$, $t = .83$, $p > .05$. The best fitting model for explaining low self-esteem at Step 2 in the first model is a linear combination of

RRS appraisal and SS, ($R^2 = .219$, $F(2,193) = 27.09$, $p < .001$). The addition of the interaction term for self-esteem did not significantly improve prediction (R^2 change = .003, $F(3,192) = 18.26$, $p > .05$). In the second model, beta coefficients for the three predictors predicting self-esteem at Step 3 were RRS recent, $\beta = .141$, $t = 2.04$, $p < .05$; SS, $\beta = .360$, $t = 5.32$, $p < .001$; and the interaction term of RRS and SS, $\beta = -.029$, $t = -.430$, $p > .05$. The best fitting model for explaining low self-esteem at Step 2 is a linear combination of RRS recent and SS, ($R^2 = .171$, $F(2,193) = 27.09$, $p < .001$). The addition of the interaction term for self-esteem did not significantly improve prediction (R^2 change = .001, $F(3,192) = 13.27$, $p > .05$). Depression and low self-esteem are positively associated with RRS and low SS.

Table 5
Regression Information for Race-Related Stress (Appraisal and Recent) and Social Support on Self-Esteem.

		<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Self-Esteem		Predictor							
Step 1						.084**	.084**	17.83	1, 194
	RRSa	2.38	.564	.290**	4.22				
Step 2						.219**	.135**	33.37	1, 193
	RRSa	2.11	.524	.257**	4.02				
Step 3	Social Support (SS)	.309	.054	.369**	5.78				
						.222**	.003	.69	1, 192
	RRSa	2.11	.525	.257**	4.01				
	Social Support (SS)	.312	.054	.372**	5.81				
	RRSa x SS	.247	.297	.053	.83				
Self-Esteem									
Step 1						.048*	.048*	9.70	1, 194
	RRSr	2.17	.698	.218*	3.11				
Step 2						.171**	.123**	28.72	1, 193
	RRSr	1.34	.671	.134*	2.00				
Step 3	Social Support (SS)	.303	.056	.361**	5.36				
						.172**	.001	.19	1, 192
	RRSr	1.40	.690	.141*	2.04				
	Social Support (SS)	.301	.057	.360**	5.32				
	RRSr x SS	-.162	.375	-.029	-.43				

Note. $N=196$. RRSr = Race-Related Stress recent. High scores on the RRS and depression variables represent greater levels of each variable. Higher scores on the SS indicate lower levels of each variable. At Step 3 in the first model, R^2 for the final Self-Esteem model = .22, $F(3,192) = 31.96$, $p < .001$. At Step 3 for the second model, R^2 for the final Self-Esteem model = .17, $F(3,192) = 13.273$, $p < .001$.

* $p < .05$, ** $p < .001$

Hypothesis 4b assessed whether SOMp and SOP moderated the effect of RRS appraisal or RRS recent on depression and self-esteem (see Table 6 and Table 7 respectively). Results of the regression analyses do not provide support for the research hypothesis for the significance of moderator effects. In Table 6, in the first model, Beta coefficients for the three predictors on depression at Step 3, were RRS appraisal, $\beta = .303$, $t = 5.24$, $p < .001$; SOMp, $\beta = .048$, $t = .69$, $p > .05$; SOP, $\beta = -.474$, $t = -6.82$, $p < .001$; the interaction term of RRS appraisal multiplied by SOMp $\beta = -.003$, $t = -.038$, $p > .05$; and the interaction term of RRS appraisal multiplied by SOP, $\beta = -.050$, $t = -.725$, $p > .05$. The best fitting model for explaining depression in Step 2 is a linear combination of RRS appraisal, SOMp and SOP ($R^2 = .398$, $F(3,192) = 42.31$, $p < .001$). Depression is positively associated with RRS appraisal and low levels of SOP. The addition of the interaction term for predicting depression did not significantly improve prediction (R^2 change = .000, $F(4,191) = 32.37$, $p > .05$). Beta coefficients in Table 6 in the second model for the three predictors on depression at Step 3, were RRS recent, $\beta = .343$, $t = 6.14$, $p < .001$; SOMp, $\beta = .080$, $t = 1.17$, $p > .05$; SOP, $\beta = -.472$, $t = -6.93$, $p < .001$; the interaction term of RRS recent multiplied by SOMp, $\beta = .024$, $t = .38$, $p > .05$; and the interaction term of RRS recent multiplied by SOP, $\beta = -.017$, $t = -.27$, $p > .05$. The best fitting model for explaining depression in Step 2 is a linear combination of RRS recent, SOMp and SOP ($R^2 = .419$, $F(3,192) = 46.22$, $p < .001$). Depression is positively associated with RRS recent and low levels of SOP. The addition of the interaction term for predicting depression did not significantly improve prediction (R^2 change = .001, $F(5,190) = 27.59$, $p > .05$).

Table 6

Regression Information for Race-Related Stress (Appraisal and Recent) and Sense of Purpose and Sense of Meaning on Depression

	<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Predictor								

Depression									
Step 1						.149**	.149**	34.00	1, 194
	RRSa	.257	.044	.386**	5.83				
Step 2						.398**	.249**	39.69	2, 192
	RRSa	.207	.038	.312**	5.62				
	SOMp	.007	.010	.049	.71				
	SOP	-.005	.001	-.457**	-6.86				
Step 3						.400**	.002	.36	2, 190
	RRSa	.201	.038	.303**	5.24				
	SOMp	.007	.010	.048	.69				
	SOP	-.005	.001	-.474**	-6.82				
	RRSa x SOMp	-.002	.048	-.003	-.038				
	RRSa x SOP	-.003	.004	-.050	-.73				
<hr/>									
Depression									
Step 1						.149**	.149**	34.02	1, 194
	RRSr	.311	.053	.386**	5.83				
Step 2						.419**	.270**	44.66	2, 192
	RRSr	.277	.045	.344**	6.21				
	SOMp	.011	.010	.079	1.16				
	SOP	-.005	.001	-.472**	-6.95				
Step 3						.421**	.001	.21	2, 190
	RRSr	.276	.045	.343**	6.14				
	SOMp	.011	.010	.080	1.17				
	SOP	-.005	.001	-.472**	-6.93				
	RRSr x SOMp	.022	.058	.024	.38				
	RRSr x SOP	-.001	.003	-.017	-.27				

Note. $N=196$. RRSa = Race-Related Stress appraisal; RRSr = Race-Related Stress recent. SOMp = Sense of Meaning (presence); SOP = Sense of Purpose. High scores on the RRS, SOP, and depression variables represent greater levels of each variable. Higher scores on the SOM indicate lower levels of the variable. At Step 3 in the first model, R^2 for the final Depression model = .40, $F(5,190) = 25.36$, $p < .001$. At Step 3 in the second model, R^2 for the final Depression model = .42, $F(5,190) = 27.59$, $p < .001$.

** $p < .001$

Findings for hypothesis 4b with regard to self-esteem are reported in Table 7. In the first model, beta coefficients for the three predictors on self-esteem in Step 3 were RRS appraisal, $\beta = .207$, $t = 3.75$, $p < .001$; SOMp, $\beta = .316$, $t = 4.80$, $p < .001$; SOP, $\beta = -.372$, $t = -5.61$, $p < .001$; the interaction term of RRS appraisal multiplied by SOMp $\beta = -.016$, $t = -.24$, $p > .05$; and the interaction term of RRS appraisal multiplied by SOP, $\beta = -.003$, $t = -.041$, $p > .05$. The best fitting model for explaining low self-esteem in Step 2 is a linear combination of RRS appraisal, SOMp and SOP ($R^2 = .452$, $F(3,192) = 52.73$, $p < .001$). Low self-esteem is positively associated with RRS appraisal, low SOMp and SOP. The addition

of the interaction term for self-esteem in the first model did not significantly improve prediction (R^2 change = .000, $F(5,190) = 31.33, p > .05$). In the second model, beta coefficients for the three predictors on self-esteem in Step 3 were RRS recent, $\beta = .186, t = 3.40, p < .05$; SOMp, $\beta = .332, t = 5.00, p < .001$; SOP, $\beta = -.375, t = -5.62, p < .001$; the interaction term of RRS recent multiplied by SOMp, $\beta = -.011, t = -.177, p > .05$; and the interaction term of RRS recent multiplied by SOP, $\beta = .019, t = .313, p > .05$. The best fitting model for explaining low self-esteem in Step 2 is a linear combination of RRS recent, SOMp and SOP ($R^2 = .443, F(3,192) = 50.99, p < .001$). Low self-esteem is positively associated with RRS appraisal low SOMp and SOP. The addition of the interaction term for self-esteem did not significantly improve prediction (R^2 change = .001, $F(5,190) = 30.36, p > .05$).

Table 7
Regression Information for Race-Related Stress (Appraisal and Recent) and Sense of Purpose and Sense of Meaning on Self-Esteem

		<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
<hr/>									
Self-Esteem		Predictor							
Step 1						.084**	.084**	17.83	1, 194
	RRSa	2.38	.564	.290**	4.22				
Step 2						.452**	.368**	64.35	2, 192
	RRSa	1.70	.443	.207**	3.83				
	SOMp	.553	.115	.316**	4.83				
	SOP	-.050	.009	-.372**	-5.63				
Step 3						.452**	.000	.04	2, 190
	RRSa	1.70	.454	.207**	3.75				
	SOMp	.553	.115	.316**	4.80				
	SOP	-.050	.009	-.372**	-5.61				
	RRSa x SOMp	-.135	.561	-.016	-.24				
	RRSa x SOP	-.002	.045	-.003	-.04				
<hr/>									
Self-Esteem									
Step 1						.048*	.048*	9.70	1, 194
	RRSr	2.17	.698	.218*	3.11				
Step 2						.443**	.396**	68.28	2, 192
	RRSr	1.84	.539	.184*	3.41				
	SOMp	.582	.116	.333**	5.03				
	SOP	-.050	.009	-.376**	-5.65				
Step 3						.444**	.001	.12	2, 190
	RRSr	1.85	.544	.186*	3.40				
	SOMp	.580	.116	.332**	4.99				
	SOP	-.050	.009	-.375**	-5.62				
	RRSa x	-.125	.703	-.011	-.18				

SOMp				
RRSa x SOP	.017	.055	.019	.31

Note. $N=196$. RRSa = Race-Related Stress appraisal; RRSr = Race-Related Stress recent; SOMp = Sense of Meaning (presence); SOP = Sense of Purpose. High scores on the RRS and SOP variables represent greater levels of each variable. Higher scores on the SOM and self-esteem indicate lower levels of each variable. At Step 3 in the first model, R^2 for the final Self-Esteem model = .45, $F(5,190) = 31.33$, $p < .001$. At Step 3 in the second model, R^2 for the final Self-Esteem model = .44, $F(5,190) = 30.36$, $p < .001$.

* $p < .01$ ** $p < .001$

Hypothesis 4c assessed whether SPD moderated the effect of RRS appraisal or RRS recent on depression and self-esteem (see Table 8 and Table 9 respectively). Results of the regression analyses did not support the hypothesis for the significance of moderator effects. In Table 8 for the first model, beta coefficients for the three predictors on depression at Step 3 were RRS appraisal, $\beta = .401$, $t = 6.58$, $p < .001$; SPD, $\beta = -.382$, $t = -6.26$, $p < .001$; and the interaction term of RRS appraisal multiplied by SPD, $\beta = -.017$, $t = -.276$, $p > .05$. The best fitting model for explaining depression at Step 2 is a linear combination of RRS appraisal and SPD ($R^2 = .296$, $F(2,193) = 40.50$, $p < .001$). Depression is positively associated with RRS appraisal and low SPD. The addition of the interaction term for predicting depression did not significantly improve prediction (R^2 change = .000, $F(3,192) = 32.37$, $p > .05$). In the second model in Table 8, beta coefficients for the three predictors on depression at Step 3 were RRS recent, $\beta = .402$, $t = 6.62$, $p < .001$; SPD, $\beta = -.383$, $t = -6.27$, $p < .001$; and the interaction term of RRS recent multiplied by SPD, $\beta = -.003$, $t = -.050$, $p > .05$. The best fitting model for explaining depression at Step 2 is a linear combination of RRS recent and SPD ($R^2 = .296$, $F(2,193) = 40.57$, $p < .001$). Depression is positively associated with RRS recent and low SPD. The addition of the interaction term for predicting depression did not significantly improve prediction (R^2 change = .000, $F(3,192) = 26.91$, $p > .05$).

Table 8
Regression Information for Race-Related Stress (Appraisal and Recent) and Sociopolitical Development on Depression

	Predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Depression									
Step 1						.149**	.149**	34.00	1, 194
	RRSa	.257	.044	.386**	5.83				
Step 2						.296**	.146**	40.14	1, 193
	RRSa	.267	.040	.402**	6.65				
	SPD	-.003	.001	-.383**	-6.34				
Step 3						.296**	.000	.08	1, 192
	RRSa	.266	.040	.401**	6.58				
	SPD	-.003	.001	-.382**	-6.26				
	RRSa x SPD	-.001	.003	-.017	-.276				
Depression									
Step 1						.149**	.149**	34.02	1, 194
	RRSr	.311	.053	.386**	5.83				
Step 2						.296**	.147**	40.24	1, 193
	RRSr	.324	.049	.402**	6.66				
	SPD	-.003	.001	-.383**	-6.34				
Step 3						.296**	.000	.00	1, 192
	RRSr	.324	.041	.402**	6.62				
	SPD	-.003	.001	-.383**	-6.27				
	RRSr x SPD	.000	.003	-.003	-.05				

Note. *N*=196. RRSa = Race-Related Stress appraisal; RRSr = Race-Related Stress recent; SPD = Sociopolitical Development. High scores on the RRS, SPD, and depression variables represent greater levels of each variable. At Step 3 in the first model, R^2 for the final Depression model = .30, $F(3,192) = 26.90$, $p > .001$. At Step 3 in the second model, R^2 for the final Depression model = .30, $F(3,192) = 26.91$, $p > .001$

** $p < .001$

Findings for hypothesis 4c related to self-esteem are reported in Table 9. In the first model, beta coefficients for the three predictors on self-esteem at Step 3 were RRS appraisal, $\beta = .319$, $t = 5.00$, $p < .001$; SPD, $\beta = -.432$, $t = -6.97$, $p < .001$; and the interaction term of RRS appraisal multiplied by SPD, $\beta = .023$, $t = .373$, $p > .05$. The best fitting model for explaining low self-esteem in Step 2 is a linear combination of RRS appraisal and SPD ($R^2 = .269$, $F(2,193) = 35.47$, $p < .001$). Low self-esteem is positively associated with RRS appraisal and low SPD. The addition of the interaction term for self-esteem did not significantly improve prediction (R^2 change = .001, $F(3,192) = 23.58$, $p > .05$). In the second model, beta coefficients for the three predictors on self-esteem at Step 3 were RRS recent, $\beta = .239$, $t = 3.76$, $p < .001$; SPD, $\beta = -.432$, $t = -6.96$, $p < .001$; and the interaction

term of RRS recent multiplied by SPD, $\beta = .036$, $t = .562$, $p > .05$. The best fitting model for explaining low self-esteem in Step 2, is a linear combination of RRS recent and SPD ($R^2 = .231$, $F(2,193) = 28.79$, $p < .001$). Low self-esteem is positively associated with RRS recent and low SPD. The addition of the interaction term for self-esteem did not significantly improve prediction (R^2 change = .001, $F(3,192) = 19.23$, $p > .05$).

Table 9
Regression Information for Race-Related Stress (Appraisal and Recent) and Sociopolitical Development on Self-Esteem

		<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Self-Esteem									
Predictor									
Step 1						.084**	.084**	17.83	1, 194
	RRSa	2.38	.564	.290**	4.22				
Step 2						.269**	.185**	48.71	1, 193
	RRSa	2.53	.506	.308**	5.00				
Step 3	SPD	-.047	.007	-.430**	-6.98				
						.269**	.001	.14	1, 192
	RRSa	2.54	.509	.310**	5.00				
	SPD	-.047	.007	-.432**	-6.97				
	RRSa x SPD	.013	.036	.023	.373				
Self-Esteem									
Step 1						.048*	.048*	9.69	1, 194
	RRSr	2.17	.698	.218*	3.11				
Step 2						.230**	.182**	45.66	1, 193
	RRSr	2.35	.629	.236**	3.74				
Step 3	SPD	-.047	.007	-.427**	-6.76				
						.231**	.001	.32	1, 192
	RRSr	2.38	.633	.239**	3.76				
	SPD	-.047	.007	-.432**	-6.76				
	RRSr x SPD	.024	.042	.036	.56				

Note. $N=196$. RRSa = Race-Related Stress appraisal; RRSr = Race-Related Stress recent; SPD = Sociopolitical Development. High scores on the RRS and SPD variables represent greater levels of each variable. Higher scores on self-esteem indicate lower levels of each variable. At Step 3 in the first model, R^2 for the final Self-Esteem model = .27, $F(3,192) = 23.58$, $p < .001$. At Step 3 in the second model, R^2 for the final Self-Esteem model = .23, $F(3,192) = 19.23$, $p < .001$.

* $p < .01$ ** $p < .001$

Four hierarchical multiple regressions were conducted for the final research question, to identify *the set of psychosocial variables and moderators that best protect POC from RRS and explains psychological well-being*, (Tables 10 and 11). These analyses included those predictor and interaction terms found to be significant in findings

for hypotheses one through four. The previously centered predictor variables were used (RRS appraisal, RRS recent, SS, SOMp, SOP, and SPD) in order to decrease multicollinearity between main effects and interaction term, as suggested by Aiken and West (1991) and Tabachnick and Fidell (2013). For each hierarchical multiple regression, RRS appraisal or RRS recent was entered in Step 1, significant main effects from hypothesis four, SS, SOMp, SOP, and SPD were entered in Step 2, and any significant interaction terms from hypothesis four were entered in Step 3.

In the first hierarchical multiple regression of question five predicting depression, RRS appraisal was entered at Step 1, SS, SOP, and SPD were entered at Step 2, and the interaction term of RRS appraisal multiplied by SS (see significance in Table 4) was entered at Step 3. In Table 10, Beta coefficients for the predictors on depression in Step 3 were RRS appraisal, $\beta = .323, t = 5.93, p < .001$; SS, $\beta = .181, t = 3.01, p < .01$; SOP, $\beta = -.364, t = -5.73, p < .001$; SPD, $\beta = -.134, t = -2.15, p < .05$; and the interaction term of RRS appraisal multiplied by SS, $\beta = .115, t = 2.13, p < .05$. The best fitting model for predicting depression at Step 3 is a linear combination of RRS appraisal, SS, SOMp, SOP, SPD and an interaction of RRS appraisal and SS, ($R^2 = .460, F(5,190) = 32.38, p < .001$).

Since there were no additional significant interaction terms from hypothesis four, subsequent analyses included only two steps. Thus, in the second hierarchical multiple regression, RRS recent was entered at Step 1, and SS, SOP and SPD were entered at Step 2 (see Table 10). Beta coefficients for the predictors of depression in Step 2, were RRS recent, $\beta = .333, t = 5.97, p < .001$; SS, $\beta = .100, t = 1.61, p > .05$; SOP, $\beta = -.405, t = -6.41, p < .001$; SPD, $\beta = -.159, t = -2.55, p < .05$. The best fitting model for explaining

depression at Step 2 is a linear combination of RRS recent, SS, SOP, and SPD ($R^2 = .449$, $F(4,191) = 38.94$, $p < .001$). Depression is positively associated with RRS recent and low levels of SOP and SPD.

Table 10

Hierarchical Regression Information for Race-Related Stress (Appraisal and Recent), Social Support, Sense of Purpose and Meaning, and Sociopolitical Development on Depression

		<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Depression									
Step 1									
	Predictor								
	RRSa	.257	.044	.386***	5.83	.149***	.149***	34.00	1, 194
Step 2									
	RRSa	.215	.036	.324***	5.90	.447***	.298***	34.33	3, 191
	SS	.011	.004	.167**	2.77				
	SOP	-.004	.001	-.363***	-5.66				
	SPD	-.001	.001	-.154*	-2.46				
Step 3									
	RRSa	.214	.036	.323***	5.93	.460***	.013*	4.54	1, 190
	SS	.012	.004	.181**	3.01				
	SOP	-.004	.001	-.364***	-5.73				
	SPD	-.001	.001	-.134*	-2.15				
	RRSa x SS	.043	.020	.115*	2.13				
Depression									
Step 1									
	RRSr	.311	.053	.386***	5.83	.149***	.149***	34.02	1, 194
Step 2									
	RRSr	.269	.045	.333***	5.97	.449***	.300***	34.67	3, 191
	SS	.007	.004	.100	1.61				
	SOP	-.004	.001	-.405***	-6.41				
	SPD	-.001	.001	-.159*	-2.55				

Note. $N=196$. RRSa = Race-Related Stress appraisal. RRSr = Race-Related Stress recent. SS = Social Support. SOMp = Sense of Meaning (presence). SOP = Sense of Purpose. SPD = Sociopolitical Development. High scores on the RRS, SOP, SPD, and depression variables represent greater levels of each variable. Higher scores on the SOMp and SS indicate lower levels of each variable. At Step 3 in the first model, R^2 for the final Depression model = .46, $F(5,190) = 32.38$, $p < .001$. At Step 2 in the second model, R^2 for the final Depression model = .45, $F(4,191) = 38.94$, $p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$

Additional findings for question/hypothesis five predicting self-esteem are included in Table 11. In the third hierarchical multiple regression predicting self-esteem, RRS appraisal was entered at Step 1, and SS, SOMp, SOP, and SPD were entered at Step 2 (see Table 11). In the first model, beta coefficients for the predictors on self-esteem in Step 2 in Table 11 were RRS appraisal, $\beta = .224$, $t = 4.22$, $p < .001$; SS, $\beta = .097$, $t = 1.65$, $p > .05$;

SOMp, $\beta = .281$, $t = 4.35$, $p < .001$; SOP, $\beta = -.269$, $t = -3.87$, $p < .001$; SPD, $\beta = -.176$, $t = -2.92$, $p < .01$. The best fitting model for explaining self-esteem at Step 2 is a linear combination of RRS appraisal, SS, SOMp, SOP, and SPD ($R^2 = .489$, $F(5,190) = 36.36$, $p < .001$). Low self-esteem is positively associated with RRS appraisal, low levels of SOMp, SOP, and SPD. In the fourth hierarchical multiple regression (second model in Table 11), RRS recent was entered at Step 1, and SS, SOMp, SOP, and SPD were entered at Step 2. Beta coefficients for the predictors on self-esteem in Step 2 were RRS recent, $\beta = .186$, $t = 3.38$, $p < .01$; SS, $\beta = .059$, $t = .96$, $p > .05$; SOMp, $\beta = .306$, $t = 4.63$, $p < .001$; SOP, $\beta = -.289$, $t = -4.10$, $p < .001$; SPD, $\beta = -.172$, $t = -2.80$, $p < .01$. The best fitting model for explaining low self-esteem, in Step 2 is a linear combination of RRS recent, SS, SOMp, SOP, and SPD ($R^2 = .473$, $F(5,190) = 40.83$, $p < .001$). Low self-esteem is positively associated with RRS recent, low levels of SOMp, SOP, and SPD.

Table 11
Hierarchical Regression Information for Race-Related Stress (Appraisal and Recent), Social Support, Sense of Purpose and Meaning, and Sociopolitical Development on Self-Esteem

		<i>B</i>	<i>SE B</i>	β	<i>t</i>	R^2	ΔR^2	ΔF	<i>df</i>
Self-Esteem									
Step 1	Predictor								
	RRSa	2.38	.564	.290***	4.22	.084***	.084***	17.83	1, 194
Step 2						.489***	.405***	37.63	4, 190
	RRSa	1.84	.434	.224***	4.22				
	SS	.082	.049	.097	1.65				
	SOMp	.491	.113	.281***	4.35				
	SOP	-.036	.009	-.269***	-3.87				
	SPD	-.019	.007	-.176**	-2.92				
Self-Esteem									
Step 1	Predictor								
	RRSr	2.17	.698	.218**	3.11	.048**	.048**	9.70	1, 194
Step 2						.473***	.425**	38.29	4, 190
	RRSr	1.85	.548	.186**	3.38				
	SS	.050	.052	.059	.96				
	SOMp	.534	.115	.306***	4.63				
	SOP	-.039	.009	-.289***	-4.10				
	SPD	-.019	.007	-.172**	-2.80				

Note. $N=196$. $RRSr$ = Race-Related Stress recent. SS = Social Support. $SOMp$ = Sense of Meaning (presence). SOP = Sense of Purpose. SPD = Sociopolitical Development. High scores on the RRS , SOP and SPD variables represent greater levels of each variable. Higher scores on the $SOMp$, SS , and self-esteem indicate lower levels of each variable. At Step 2 in the first model, R^2 for the final Self-Esteem model = .49, $F(5,190) = 36.36$, $p < .001$. At Step 2 in the second model, R^2 for the final Self-Esteem model = .47, $F(5,190) = 34.06$, $p < .001$.
* $p < .05$, ** $p < .01$, *** $p < .001$

CHAPTER 5 – DISCUSSION

The significant relationship between RRS and negative psychological symptoms across all environmental settings has been well documented in the research literature (Carter, 2007; Pinterse, Carter, Evans, & Walter, 2010). The increasing number and diversity of students represented among the undergraduate population of today's colleges (Davis & Bauman, 2013; NCES, 2014) necessitates thoughtful understanding of how to support college students for college success. The transition to and navigation through higher education can indeed be stressful for all students as they adjust to a new environment, relationships, and demands (Allen et al., 2002; Smith, Cesin, & Jeglic, 2014). The effects of RRS pose an additional risk for poor mental health outcomes for POC in college. Also important to this discussion about the effects of RRS are literature and research exploring strength-based protective factors for POC, which may inform efforts to enhance support for students of color and mitigate the negative effects of RRS. Drawing upon development contextual and resistance theories, the present study explored a unique combination of protective factors on the negative effects of RRS.

This chapter begins with a review and discussion of each of the findings for the study. The final research question is discussed with a focus on prior theory and research to understand the meaning of these findings. Finally, theoretical and empirical implications of the overall findings, limitations of the study, and directions for the future are explored.

Review of Main Hypotheses

Preliminary analyses indicated no significant demographic differences among study variables and indices of psychological well-being. Although not part of the main

analyses, this finding revealed a common experience across levels of self-identified demographic information, such as race, socioeconomic status, gender, year in school, and first-generation status, with regards to reports of depressive symptoms and self-esteem for this sample. In particular, these findings highlight a common experience by college-aged POC attending a PWI. Understanding that psychological experiences such as depressive symptoms and/or self-esteem are common and co-occurring – perhaps even for all students who are enrolled in higher education – confirms and adds to existing literature (Frye & Liem, 2011; Phinney, 2006; Schmitt, et al., 2014). Growing enrollment of students of color in higher education requires attention to issues of psychological well-being, with this study offering evidence with the potential to inform prevention and intervention strategies for student support.

The foundation of this study follows from the first hypothesis, with the results confirming the relationship between RRS and indices of psychological well-being established in previous research (Chithambo et al., 2014; Huynh et al, 2012; Liang et al., 2008; Schmitt et al., 2014). Results for this study reveal associations between experiences of RRS (across all levels) and symptoms of depression, and add to prior evidence documenting associations between RRS and depressive symptoms in studies of Latino/a American high school students (Chithambo et al., 2014), undergraduates (Huynh et al., 2012); African American college students (Greer, 2011); and ethnic minority undergraduates (Liang & Borders, 2012). Additionally for the current study, two RRS subscales (lifetime and appraisal) were associated with low self-esteem, although RRS recent was not. Other research, such as Seaton's (2009) study with African American adolescents, also found self-esteem to be negatively related to RRS. Overall, the findings

for hypothesis one of this study, are consistent with other research and theory documenting the pernicious effects of RRS on psychological well-being. Moreover, the findings are consistent with Paradies' (2006) meta-analysis of existing racial discrimination studies, suggesting that perceived discrimination is more strongly related to negative psychological outcomes such as depression than to positive psychological well-being outcomes, like self-esteem.

The findings for the second hypothesis, which assessed a possible relationship between internal and external factors (SS, SOM, SOP, and SPD) and RRS, were not significant. While college POC indeed reported having received social support and reported a sense of meaning, purpose, and sociopolitical control, these factors are independent of RRS for this sample.

The lack of significant associations were not surprising given that past research has not demonstrated an established relationship between SS and RRS, despite evidence that SS can moderate the negative effects of acculturative stress (Crockett et al., 2007) and racial discrimination (Chae et al., 2012) for psychological well-being. For SOP and SPD, this finding was also not surprising since there is limited research looking into the association between meaning/purpose and RRS. According to Baron and Kenny (1986), relationships between two main effects in a moderation model (in this study RRS and moderator variables) may or may not be related and are not "directly relevant conceptually to testing the moderator hypothesis" (p. 1174). Thus, the lack of significant findings for hypothesis two does not rule out examination of moderator effects. A closer look and discussion of the constructs as protective factors and buffering agents are found in the following sections.

As predicted in the third hypothesis, SS, SOMp, SOP and SPD are negatively related to symptoms of depression and positively related to self-esteem. The results complement existing literature about the relationship of SS (Chae et al., 2012; Crockett et al., 2007), SOMp (Alea & Bluck, 2013; Duffy, Allan & Bott, 2012), and SOP (Damon, 2008) with psychological well-being. The findings also add to the nascent empirical literature assessing critical consciousness among emerging adults.

The forth hypothesis is partially supported. As hypothesized, social support weakened the positive relationship between RRS and depression. More specifically, the relationship between an evaluation of how stressful a racist event or events were experienced and depressive symptoms was weakened by higher perceived social support. The finding provides support and contributes to the robust evidence for the SS construct associated with positive developmental outcomes (Chae et al., 2012; Crockett et al., 2007). All other hypothesized models were not significant as moderators. However, they were significant as main effects, revealing associations that are explored further in the following sections.

The final research question confirms findings from hypothesis four and maintains SS as a moderator. Only significant main effects (SS, SOP, and SPD) and interaction terms (RRS x SS) from previous hypotheses were entered into the final model. Once again, social support weakened the positive relationship between RRS and depression above and beyond the main effects (SS, SOP, and SPD). Because no other interaction terms were significant from hypothesis four, all other subsequent models only contained main effects. However, the significant main effects highlight factors that may enable POC to experience well-being in college, as they add significant variance above and beyond

RRS in explaining the presence of self-esteem and the absence of depression. In other words, the significant main effects may demonstrate strengths of college students that contribute directly and additively to positive outcomes, but do not interact in a meaningful way with RRS to moderate its harmful effects.

Armored for Resistance: Social Support, Purpose and Meaning, and Critical Consciousness

Although only one hypothesized variable moderated the complex relationship between RRS and psychological well-being, findings regarding the main effects in this study highlight possible protective factors that may play an overall positive role for well-being among students of color. Further exploration of these protective factors may help discern various ways to lend support to college students of color.

Social support. College is often the first time students live apart from sources of support, both familial and social (Phinney, 2006). Navigating new environments, while also relying on new and old sources of support is indeed important for academic success and well-being (Kenny & Perez, 1996; Rodriguez et al., 2003). Existing research has demonstrated that college-aged POC in PWI benefit from social support (Crocket et al., 2007). Research and theory with emerging adulthood calls attention to students of color (Arnett, 2000), who likely vary in their levels of racial identity development and experiences of racial stress (Phinney, 2006).

A closer look at SS as a main effect and moderating variable in this study confirms and extends existing results. The results confirm a vast body of research that has demonstrated positive outcomes related to the presence of SS for the college-aged population (Friedlander, Reid, Shupak, & Cribbie, 2007; Lerner et al., 1998; Zimet et al.,

1988). Previous studies examining peer support among Latino college students (Rodriguez et al., 2003), parental support among Mexican Americans (Crockett et al., 2007), and parental support among Asian American adults (Chae et al., 2012), have all found SS to be an effective mediator or moderator in relation to psychological outcomes. Although some research has demonstrated associations between low peer support, social isolation and poor psychological health (Hefner & Eisenberg, 2009), the results of the current study suggest otherwise, that higher levels of support may yield healthy outcomes. It makes sense that social support moderates the relationship between RRS and depression since some hallmark features of depression are feelings of isolation and worthlessness (APA, 2000; Carter, 2007; Sue et al., 2007). From a resistance perspective (Nicolas et al., 2008), social support may represent one source of strength that activates coping skills enabling youth to combat oppression. It may be that students in the current study engaged in utilizing individual strengths and interpersonal relationships to combat RRS they have experienced, thus resisting RRS.

An area in psychology related to this study, though not assessed here, is ethnic or racial socialization (Hughes, Rodriguez, Smith, Johnson, Stevenson & Spicer, 2006; McHale, Crouter, Kim, Burton, Davis, Dotterer, & Swanson, 2006). Racial socialization refers to the role of African American parents in preparing their children to cope with oppressive systems and barriers in ways that simultaneously promote self-confidence and inner strength (Hughes et al., 2006; McHale et al., 2006). Further exploration into racial socialization is warranted to better understand the specific ways in which families provide support for college-aged POC and to assess whether racial socialization is an asset in coping with RRS at college. Perhaps racial socialization is one way that parents provide

support to their children who will inevitably experience RRS. Indeed, studies have demonstrated that racial socialization has been associated with favorable outcomes in academics for African American adolescents (Chavous, Bernat, Schmeelk-Cone, Caldwell, Kohn-Wood, & Zimmerman, 2003) and decreased depressive symptoms for Korean American adolescents (Choi, Tan, Yasui, & Pekelnicky, 2014). Extending research that examines both family social support and racial socialization may provide a more holistic understanding of how families or origin can prepare and support their offspring in coping with RRS at PWI's.

Results from the final research question also reveal differences in how SS is related with depression and self-esteem. Although SS was found to moderate the relationship between RRS and depressive symptoms, surprisingly, SS was not significant as a main effect when predicting self-esteem. In fact, all other variables accounted for variance in the self-esteem models, except SS. One possible explanation for this finding might be that self-esteem is a relatively stable attribute (Donnellan, Kenny, Trzesniewski, Lucas, & Conger, 2012), whereas depression and SS may be more variable, and perhaps more susceptible to influential contextual factors. Donnellan et al.'s longitudinal study found that global self-esteem was a stable, trait-like variable across adolescence and into adulthood. Alternatively, symptoms of depression, much like social support, can be more transient, dependent on a myriad of contextual variables, which may be continuous or discontinuous over time. Indeed, for the current study, depression was measured by self-report of depressive symptoms for the past 30 days, and not a more general depressive state. Thus, it may appear that SS moderates depression, but is not a significant predictor of self-esteem. Although SS and self-esteem were related as simple correlations, the

significance of the relationship did not hold when other psycho-social factors, which better explain the variance in self-esteem, were entered into the model.

Furthermore, although self-esteem is a factor in depression, its relationship with racial stress may be more complex. Scholars Wei, Yeh, Chao, Carrera, and Su (2013) examined self-esteem among Asian American male college students and found self-esteem interacted with racial stress and SS, and moderated the relationship between racial discrimination and psychological distress. More specifically, the study revealed lower levels of SS and self-esteem predicted higher levels of racial stress. Although high levels of both variables were not significant predictors in the study, the results highlight the risks associated with racial stress and the need for further research to understand the ways in which risk and protective factors operate for this population. Extending this research to groups, in addition to Asian American male college students, would help to identify risk and protective factors important for prevention and intervention programming.

Although it may not be surprising that SS is a moderator for depression, the current study adds evidence to validate this relationship. For college students, social connections and social currency can have a strong importance. Helping to unpack how SS can be protective is paramount, especially for those students of color on PWI, where historically, social currency in the college setting has not always been abundant (Newman et al., 2012).

Purpose and meaning. Positive psychology (Seligman & Csikszentmihalyi, 2000) and related developments in philosophy and theology have championed strengths-based research (Damon et al., 2002). Although researchers have not reached consensus on

the definition of purpose and meaning in life (Baumeister, 1991; Damon et al., 2003; Steger et al., 2006), efforts to understand their role in daily life have increased.

In this study, measures of purpose or meaning were not found to moderate the relationship between RRS and psychological well-being. However, results for the main effects are interesting. Two scales were used to measure meaning and purpose for this study. The meaning measure consisted of two subscales assessing both searching for meaning and presence of meaning (Steger et al., 2006). Only the presence of meaning subscale was entered in final model because the searching subscale was not significantly related to any other variable in the current study. These results can be understood in relation to Alea and Bluck's (2013) study, which found that meaning-making was related to well-being for U.S. older adults in ways that it was not for younger adults. However, for their Trinidadian sample, searching for meaning was significantly related to well-being for both young and old participants. Alea and Bluck examined multiple mechanisms of searching. For older adults (U.S. sample), the study assessed two types of meaning making, searching for meaning in the past, and using the past to direct behavior, whereas for younger adults only used the former type of meaning. From a lifespan approach, searching for meaning and purpose reflects effort to connect past experiences in one's life, with the present and future, and therefore, may be more salient for older adults (McAdams, 2001; Steger, Oishi, & Kashdan, 2009). The difference between younger and older adults in Alea and Bluck's study (2013) is intriguing as we try to understand searching more fully. Additional research with a wide range of age groups and varied cultural backgrounds could help to tease out how searching for meaning differs or is similar for multiple groups.

Another possible explanation for the current findings might be related to the assessment or evaluation of one's own meaning and purpose in life. If a person felt they had meaning in their lives, they might not be actively searching for meaning, and thus not identify as active in this pursuit.

Furthermore, the sample for this study were students at a Jesuit institution, and while not all students identified their religious and/or spiritual affiliation, all students participate in a first year experience designed to encourage deep reflection and connection to the university and community at large. For those students who might enter college searching for meaning or purpose, the first year experience may answer that call, such that they may not identify themselves as actively searching, even though this first year experiences embodies searching. A study by Steger and Dik (2009) examined whether providing meaning in one domain (career-related) was related to search for meaning more broadly and vice versa. Steger and Dik found support that undergraduates search for career meaning satisfied some of their search for global meaning in life. Although they did not examine the same variables included in the current study, the research examining whether student experiences of finding meaning in one domain, such as spirituality, satisfies their overall search for meaning, may be worthy of attention. Assessing whether spirituality or religious beliefs relate to well-being was not considered in the current study, but might have been worth investigating due to the religious affiliation of the college where the study took place.

Alternatively, students may still be engaged in the search for meaning, but might not have a clear sense of meaning that is connected with psychological well-being. In a recent study, Blattner, Liang, Lund, and Spencer (2013) found among adolescent girls

attending a private school found that searching for purpose was associated with low self-esteem. Moreover, not feeling supported by parents worsened that relationship. Blattner et al. (2013) argue that searching for meaning may be related to emotional distress, with parental alienation augmenting the stress associated with searching. It is clear from the findings that searching for meaning and the presence of meaning are indeed separate constructs for the participants in this study and further research is needed to delineate how the search for meaning relates to well-being among college-age students.

Although purpose and presence of meaning did not moderate the relationship between RRS and psychological well-being, the final models reveal their contributions as main effects. Specifically, the presence of meaning and purpose accounted for the most variance in the models predicting self-esteem. Both SOP and SOMp were significant predictors in the model for self-esteem, but SOMp was not significant in the model for depression, although it was significant as a zero-order correlation. In their preliminary analyses for their sample of U.S. participants, Alea and Bluck (2013) similarly found that meaning was related to negative emotional states (e.g. feeling upset). However, in their final model, as in the current study, meaning was no longer associated with outcomes of negative affect. Alea and Bluck defined meaning through searching mechanisms, whereas the current study used both searching and the presence of meaning. As already discussed, searching for meaning was not related to other variables in this study, yet it remains unclear why the presence of meaning is not associated with depressive symptoms in the regression models. The most likely explanation is that SOP was the stronger predictor and overlapped with SOMp sufficiently that SOMp did not contribute significant unique variance.

Conceptually, purpose, as defined and measured by the SOP scale is more closely aligned with the construct of well-being. Ryff (1989), in fact, developed the Purpose in Life subscale as part of a larger measure, called the Scales of Psychological Well-Being. This explanation is in line with scholars Burrow et al. (2014), who used the same purpose in life scale taken from Ryff's larger measure, to examine how purpose is a resource for White adults. In the context of demographic shifts in the U.S., their study investigates how purpose in life can provide openness to ethnic diversity. Purpose was a strong predictor of comfort with diversity above and beyond other demographic, affective, and racial attitudes. When primed with the "threat" of losing majority status in the U.S., purpose again lessened feelings of threat for White participants. The current results, together with past research, illustrate the importance of purpose for well-being, despite complexities in defining and measuring meaning and purpose. Further studies are needed to clearly define and measure the constructs of meaning and purpose and their relationship with well-being based on carefully delineated theoretical models. And particularly, examining how purpose and meaning are experienced by POC as an inner psychological resource is relevant.

In summary, the students in the current study reported generally low levels of depression and high levels of meaning, purpose, and self-esteem. Meaning and purpose were both related to self-esteem, but only purpose was associated with depression in the main analyses. Neither meaning nor purpose moderated the effects of RRS, and search for meaning did not emerge as significant across the preliminary or main analyses. One might argue that meaning and purpose are more broadly accrued or developed over time, and perhaps accounted for by meaning and purpose in specific domains in life. Purpose and

meaning in life are defined and measured in varied ways, and further research is needed to systematically explore specific conceptualizations and dimensions of meaning and purpose for college students of color.

Critical consciousness. Similar to meaning and purpose, critical consciousness (or SPD) did not moderate the relationship between RRS and psychological well-being. However, the construct and findings deserves some attention. The current findings demonstrate a significant negative association of critical consciousness with depression and a positive association with self-esteem. SPD appears to be a beneficial protective factors, although no more so in response to increased levels of RRS. Research assessing critical consciousness qualitatively (Diemer et al., 2006; Watts et al., 1999) may be helpful in advancing understanding of how SPD functions as a protective mechanism for young people.

This study suggests that depression is associated with low SPD, whereas self-esteem is associated with high SPD. Interestingly, the construct has a similar contribution in both the depression and self-esteem models. These results corroborate past research with African American youth, which found SPD to be negatively associated with mental health outcomes such as anxiety and depression, and positively associated with self-esteem (Zimmerman et al., 1999). However, the findings also differ from that study as Zimmerman et al, also found SPD to moderate the relationship between helplessness and mental health outcomes. It is possible that individuals who experience RRS may also experience personal helplessness, such that RRS and helplessness may be related. Further research would need to test this possibility, and whether SPD moderates either helplessness or RRS when assessed in a single study.

Kelso et al. (2014) also found that critical consciousness serves as a moderator, moderating the relationship between discrimination and the progression of the HIV virus for African American women. Kelso et al. also found critical consciousness to be associated with gender and racial discrimination. Although it was not expected, RRS and critical consciousness were not related in the current study. In efforts to better understand why critical consciousness was a moderator in prior research, further research should systematically explore the possible association between experiences of RRS and critical consciousness with consideration to the differences between the current study and prior research. The hypotheses for the current study were based on research with somewhat different samples, different constructs, and different measures. Zimmerman et al. (1999) and Watts and Abdul Adil (1997) studied African American adolescents, whereas Kelso et al., sampled African American adult women in relation health outcomes.

This is the first study to examine the relationship of SPD with RRS for a diverse sample of college students of color. The positive associations between SPD and well-being found in this study of varied racial groups support the extension of critical consciousness research to varied marginalized populations. Perhaps extending the current study with the use of more specific measures of racial stress, might better assess how critical consciousness can be used as a coping mechanism in the face of oppression. College student research that considers students experience with activities that promote SPD and their impact on coping with RRS may also be helpful. College-aged students may engage in SPD movements and/or discussion on campus or at home that is meaningful to them. As students survey the college landscape, they may have opportunities to participate in sociopolitical discourse for the first time and may begin to

think about careers and their place and participation in the sociopolitical world. How these experiences impact their understanding of the world and strategies for coping with racial stress might be explored through qualitative methods.

Race-Related Stress: Appraisal Versus Recent

Overall, participants in this study generally reported low levels of RRS events and the assessment of RRS as stressful. The frequency of RRS events and their appraisal were related to both depression and self-esteem. Social support moderated the relationship between RRS and psychological well-being, but only for RRS appraisal and only when depressive symptoms were the dependent variables. The relationship between depressive symptoms and the appraisal – or evaluation – of racial experiences, regardless of the time when they occurred (within the past year or during their lifetime) was significantly moderated by social support. In other words, the relationship between the evaluation of racial stress and symptoms of depression changed based on level of social support.

The difference in findings for the recent and appraisal dimensions of RRS is aligned with literature exploring RRS and the effects of compounding racial stress (Carter, 2007; Harrell, 2000; Sue & Sue, 2003). For college students of color, the appraisal of stress, regardless of whether the event was within the past year or over their lifetime, may be more malleable (for factors such as the influence of social support) than the frequency of RRS to outcomes of psychological well-being. In other words, social support may not change the report of how many times a person experienced racial stress over a year or lifetime; but may influence the level of stress a student experienced as a result of RRS. Thompson and Subich (2011) also used the recent subscale in their study to capture college students' experiences of RRS within the college setting versus earlier periods in

their life. However, Thompson and Subich unexpectedly found recent events of racial discrimination were not significantly related to participants' perception of their social status. The researchers proposed that future investigations should measure other factors of racial discrimination. Likewise, in this study, although recent events were significantly related to many variables including the psychological well-being variables, its particular relationship with those variables was not moderated by any interaction terms.

Another explanation for the finding of social support as a moderator of RRS appraisal for depression may relate to the distinctiveness of emerging adulthood (Arnett, 2000). Emerging adulthood is a period for assuming adult responsibilities and for identity development, often seen in adolescence (Arnett, 2000; Phinney, 2006). Emerging adults are also acquiring more advanced social and analytical abilities that may be employed in the appraisal of racist events. They might develop ways of coping and exploring racism that were not possible in prior life stages. Despite the frequency of RRS in the past year, college students may be equipped with capacities developed in emerging adulthood to resist the negative effects of racial stress by utilizing interpersonal relationships as one way to help combat oppressive experiences.

Although the findings of this study advance understanding of the contributions of the appraisal of racial stress to well-being, the findings also lack clarity in some ways. This study asked about the stressfulness of racist events, but because there were two time periods (recent and lifetime) and appraisal was not specifically tied to a time period, it remains unclear what events are being rated as stressful. In line with theory and research, one experience of racial discrimination may not have a large effect on a person, but continued experiences with stress over time may compound into a larger effect (Carter,

2007; Huynh et al, 2012; Pascoe & Smart Richman, 2009; Prelow et al., 2006). In future studies, appraising more specific time periods might help to clarify results.

Depression and self-esteem

The slight differences between the depression and self-esteem models deserve some consideration. While they are both measures of psychological well-being, they appear to differ with regards to significant predictors. RRS recent and appraisal demonstrate significant relationship with both self-esteem and depressive symptoms. Based on the moderator analyses, it also seems that subjective experiences of racism and discrimination may be reduced by external experiences of support, but for depression only.

Results corroborate the relevance of measuring subjective experiences of racism (Landrine & Klonoff, 1996). While objective experiences of racism and discrimination are indeed critical in research, theoretical models of stress (Meyer et al., 2009) and racism (Clark et al., 1999) advise understanding the interplay of bio-psycho-social factors that contribute to health outcomes. This study focuses on the psycho-social factors that contribute to psychological coping strategies. Both final models were significant, although only the model for social support included a significant moderator.

The difference between the two models may be based upon the fact that while depressive symptoms and self-esteem share significant variance and were negatively correlated in this study, they also have unique variance. As discussed earlier, self-esteem may be a more stable factor (Donnellan et al., 2012), whereas depression was assessed by symptom levels in the past 30 days. Paradies' (2006) meta-analysis also found that perceived discrimination is more strongly related to negative psychological outcomes in

research, such as depression than to other outcomes, including self-esteem. Additionally, research from positive psychology has found that the constructs of meaning and purpose relate significantly with positive psychological outcomes (Alea & Bluck, 2013; Damon et al., 2003; Mariano et al., 2011; Seligman & Csikszentmihalyi, 2000; Steger et al., 2006). This may help to explain why the presence of meaning (SOMp) was a significant main effect for self-esteem, but not for depression.

An individual can experience increased self-esteem, which may be bolstered by other related variables, and yet that same person may feel somewhat depressed by RRS interactions. In many ways, holding both to be true, and utilizing one (self-esteem and its corollaries) to combat the other (depression) may exist for students of color in college. Diverging from the common rhetoric about college-aged POC and focusing on risk factors, this under represented group displays strengths, such as social support, meaning and purpose, sociopolitical development, and self-esteem, despite experiences of RRS.

Implications of findings for theory, practice, and college settings

This study was designed to expand upon and add to the literature in several important ways. It represents an initial attempt to understand corollaries of RRS and psychological well-being. The study was intended to determine what mechanisms students of color in higher education may use to resist racism and discrimination and to further define the constructs once thought to be more philosophical in nature, though extremely relevant. Most notably, constructs such as purpose, meaning, and critical consciousness, ascend from philosophical and perhaps idealistic ways of approaching the world. Capturing these constructs through quantitative surveys is certainly challenging. However, what has surfaced in this study is that these constructs are significant correlates

of psychological well-being, potentially representing internal and external contributors to resilience for college students of color.

Additionally, this study adds to the body of literature identifying the strengths of emerging adults, present despite challenging life events. Strengths-based research has largely focused on children and adolescents, and then extended to consider implications for adults. This study adds to research on strengths-based models by providing evidence for specific moderating mechanisms (SS) and protective factors (SOMp, SOP, and SPD), perhaps contributing to resilience and resistance among young adults. It also expands empirical data concerning resistance strategies incorporating sociocultural and sociopolitical knowledge that may foster the ability student of color to develop positive self-images in PWI. Findings from this investigation inform the understanding of emerging adulthood, especially for students of color in PWI, tasked with navigating an environment that puts them at risk more so than their White counterparts.

These findings highlight the possibility that students who experience RRS can also experience heightened self-esteem, meaning and purpose and critical consciousness. Students of color on PWI campuses may feel somewhat isolated as a result of RRS and may have a difficult time traversing a setting where they feel threatened. Taken from clinical practice, related to skills and coping with emotional distress, dialectic behavioral therapy (DBT) (Linehan, 1993) is the concept of holding two opposing emotions simultaneously. This approach may be helpful in understanding how resistance strategies involve seemingly opposing concepts and emotions such as experiences of racial stress, and also individual strengths (Nicholas et al., 2008).

Lastly, these findings may help further define areas for ongoing research in similar domains. It may also provide key information for prevention and intervention programs for college students and for administrators. Student programming in higher education should consider how results from this study provide useful associations to psychological well-being. Promotion of social support both on and off campus can never be abundant enough. Mentorship and/or buddy system programs for students of color may always be warranted as one study reported 34% of African American's reported not knowing anyone on campus prior to the start of the academic year (D'Augelli & Hershberger, 1993). Indeed this approach could be helpful for all students, though findings from this study revealed the buffering affects social support has for students of color. For students in higher education who may struggle dealing with RRS, these types of programs could provide some recognition of their struggle but also provide them with information on helpful ways others have coped with RRS.

Findings from this study regarding purpose and meaning remain somewhat unclear, except that both purpose and meaning are indeed related to outcomes of well-being for students of color. Providing students with support around their own meaning and purpose in life could come in the form of contact with counseling centers or other mindfulness programs and activities on campus (e.g., specific retreats around "difficult discussions" with diversity and inclusion). Supporting students while they evaluate and re-evaluate their lives, even outside their academic careers, is an important systemic role administrators must take.

Shifts in demographics over the next few decades are on the minds of many researchers assessing psychological effects of these changes (Burrow et al., 2013). The

college setting is a prime environment to introduce curriculum and activities which promote critical consciousness for all students. Just as there is a first-year experience in the college sampled, so too could there be a deepened focus on how RRS, other forms of oppression, and intersectionality impacts students' lives on campus and after they graduate. It would also be important to provide staff and faculty on-going training to help them assess and explore their own racial bias in the classroom and on campus. Larger systemic support from the university would also be required as a way to help change the culture of college and provide an environment which is inclusive and supportive to all students and faculty.

Limitations of study

Certain factors about this study are indeed limiting to the findings. One limitation relates to the generalizability of the sample to a broader population of students of color. The College of the Holy Cross is a private institution and thus, does not completely represent an accurate picture of all students of color in PWI. As a Jesuit institution with a clear mission, it may attract certain types of students and dissuade others from applying. Extending research to larger and/or public institutions would help confirm or repudiate findings in this study and others like this one.

Furthermore, this study did not ask students to clarify their international student status. The college reported international and ethnic minority student numbers as one group, as noted in chapter three. However, international status does not entail the same experience as a POC in the United States. Therefore, it would have been important to further understand the demographics of the sample. For example, if a student was not raised in the United States and had their first experience with the American culture as a

student of the College of the Holy Cross, it is likely their experiences – with acculturation and/or RRS – would have different qualities.

Limitations regarding the measurement should also be considered. Despite the significant finding of SS as a moderator between racial stress and depression, other measures of SS may have yielded different results. Assessing the quality or relational aspects of perceived support may have provided enhanced insight into the mechanisms of support received. Additionally, examining SS related specifically to RRS – such as racial socialization (Hughes et al., 2006; McHale et al., 2006) – may have demonstrated a greater effect. Another limitation to this study relates to how spirituality might play a part in protective factors.

Additional limitations relates to the timing of the data collection. The majority of the data was collected at the very end of the spring semester in 2013 and through the same summer. Because this college was not in session during the summer when many of the students were responding to the survey, it was very likely, they were not on campus. Therefore, it is possible students may have responded differently with some distance from the school than if they were actually on campus during the semester.

This study was conducted on-line by students' self-report, which limits control over the environment they were in and how long they were allowed to complete the survey, and their commitment to answering each item thoughtfully since it was noted that it took a small portion of the participants less than five minutes to complete.

This sample of students is generally characterized as being less depressed with higher levels of meaning, purpose, critical consciousness, and self-esteem as compared to other college aged and adolescent samples (Borders & Liang, 2011; Diemer et al., 2006;

Hefner & Eisenberg, 2011; Seaton, 2009; Steger et al., 2006; Zimet et al., 1988).

Participants in this study might have “faked good” to represent themselves and culture knowing the title and premises of this study prior to engaging in it. On the other hand, the environment at the College of the Holy Cross may provide systemic support such that students’ support needs are met. It is also important to recognize that all of the measures were assessed through self-report and are thus subject to a wide range of self-report biases, including memory, level of insight and self-awareness, and social desirability.

It is also important to note this study uses correlational data and therefore does not allow testing for or making causal inference about the results. The hierarchical regressions used in this study were meant to extend theoretical knowledge regarding the current variables.

Directions for further research

As already noted, sampling from one private institution limits generalizability to all POC in emerging adulthood. Further inquiry concerning the stressors and strengths of emerging adults is thus needed with non-traditional samples of POC. For example, those persons who attend trade school, 2-year colleges, those persons who do not go on for further education and go into the workforce, and those students who do not graduate from high school. How do these individuals navigate in the context of their world? And how might they contribute to our understanding about POC in emerging adulthood? Likewise, sampling students in college from non PWI is also important to this discussion, especially as it relates to understanding overall effects of RRS for POC.

Additionally, it is unclear how exactly participants individualized their experiences with racial stress. One way to further assess a person’s experiences with discrimination is

to explore how they might understand themselves racially. An assessment of their racial identity development (Helms, 1990) may provide a more holistic understanding of their RRS. However, it would be essential to keep in mind that critical consciousness may make an individual more aware of racial stress, and thus affect their racial identity development and psychological symptoms. Further examination into how the development and maintenance of critical consciousness interacts with identity development is warranted. Another possibility might be to extend research using a more specific measure of racial stress, for example, using only one subscale to appraise racial stress (e.g., recent versus lifetime) or to be specific about what event(s) are being appraised.

Results indicate that further exploration into the protective factors in this study is warranted. For example, delineating specific types and the quality of SS may help identify and target prevention and intervention strategies for those sources of specific support. Focusing only on the quantity of SS, fails to consider the complexity of the variable. There are multiple dimensions of support, and thus it can be conceptualized in multiple ways. The quality and function of the relationship for example, may address various facets which could further explain how SS operates as a moderating variable and protective factor. As noted earlier in this discussion, extending research to examine the nature and quality of social support and integrating social support and racial socialization may provide a more complete understanding of how families can prepare their offspring to cope with RRS. Furthermore, these dimensions of assessment are likely more connected to the constructs in this study.

This is also true for meaning, purpose, and SPD, since nuanced factors were not fully assessed and require further exploration. For purpose and meaning, expanding the range of age and cultural background group may help capture nuanced differences between and across groups. It was an oversight not to include an assessment of spirituality and how purpose and spirituality are indeed connected. Particularly at the Jesuit institution sampled in this study, students may be invested in developing their spirituality. Therefore, expanding research to include both purpose and spirituality may provide information on how spirituality intersects with participants' sense of purpose.

Additionally, further research is needed to understand how searching for meaning is relevant among college students of color. Future research should consider a fuller examination of the construct of purpose, considering not only an internal state such as searching for- or a sense of purpose, but how individuals engage in purposeful activities, similar to those discussed by Damon, (2004; 2008). Overall, purpose and meaning in life remain somewhat elusive and researchers should systemically examine specific conceptualizations and dimensions of meaning for college students of color.

It is also necessary to assess critical consciousness systematically with considerations on how differences in experience and understanding are fluid in development. Prior research did indeed find critical consciousness moderate helplessness and health outcomes (Zimmerman et al., 1999). Further research would need to test for this possibility using both helplessness and RRS in a single study.

Generally, it would be beneficial to further educate and deliver this strength-based information to the targeted population with the hope that it might help bolster and validate experiences. This line of research is necessary as the U.S. begins a new chapter, where POC

are a large growing part of the population, expected to become the new majority. Given centuries of race-related stress from past generations and on-going current racial-related incidents, protests, and discussions, racial tensions are indeed high in America, and empathetic understanding of pain and suffering are warranted. Changes in the growing demographics do not necessarily equate to shifts in power in privilege. Arguably, strength-based formulations are helpful for all people, but especially those persons who are at risk, acknowledging their self-worth can be historic.

Despite these limitations and further research, the current study adds to existing literature in many important ways. It demonstrates a common experience in psychological well-being by students of color at this PWI. It adds to a larger body of literature confirming the association between RRS and well-being. Moreover, results also highlight important associations between variables relevant during emerging adulthood such as SS, SOP, and SPD and well-being which have not yet been examined in a sample of college aged students of color.

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Appendix A
Demographic Questionnaire

Please answer the following questions:

1. What is your age in years? _____

2. How do you identify your gender?

_____ Female
_____ Male
_____ Transgender
_____ Intersex

3. How do you identify yourself? (You can choose multiple)

_____ Black or African-American
_____ White
_____ Hispanic or Latino (e.g. Puerto Rican, Mexican, South American)
_____ Native American, American Indian, or Indigenous American
_____ Asian, Asian-American
_____ Pacific Islander (e.g. Samoan)
_____ Bi-Racial/Multi-Racial American (Please specify) _____

4. What is your current year in school?

_____ First-year
_____ Sophomore
_____ Junior
_____ Senior
_____ Between years (please specify) _____

5. What is the estimated socioeconomic status of your family?

_____ Low-income (e.g. receive public housing)
_____ Working-class
_____ Middle class
_____ Upper middle-class
_____ Upper class

6. Are you a first person in your family to attend a higher education at a four-year college degree?

_____ Yes
_____ No

Appendix B
The General Ethnic Discrimination (GED) Scale
Landrine, Klonoff, Corral, Fernandez, & Roesch (2006)

We are interested in your experiences with racism. As you answer the questions below, please think about your ENTIRE LIFE, from when you were a child to the present. For each question, please circle the number that best captures the things that have happened to you. Answer each question 3 times.

1. How many times have you been treated unfairly by <i>teachers and professors</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
2. How many times have you been treated unfairly by your <i>employers, bosses, and supervisors</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
3. How many times have you been treated unfairly by <i>your coworkers, fellow students, and colleagues</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
4. How many times have you been treated unfairly by <i>people in service jobs (store clerks waiters, bartenders bank tellers and others)</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
5. How many times have you been treated unfairly by <i>strangers</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
6. How many times have you been treated unfairly by <i>people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers and others)</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
7. How many times have you been treated unfairly by your <i>neighbors</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
8. How many times have you been treated unfairly by <i>institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others)</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
9. How many times have you been treated unfairly by <i>people that you thought were your friends</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
10. How many times have you been <i>accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law)</i> because of your race/ethnic group?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
11. How many times have you <i>people misunderstood your intentions and motives</i> because of						

your race/ethnic group?	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
12. How many times <i>did you want to tell someone off for being racist but didn't say anything?</i>						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
13. How many times have you been <i>really angry about something racist that was done to you?</i>						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
14. How many times were you <i>forced to take drastic steps</i> (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist things that was done to you?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
15. How often have you been called a racist name?						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
16. How many times have you <i>gotten into an argument or a fight about something racist that was done to you or done to somebody else?</i>						
	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
How stressful was this for you?	Not at all Stressful 1	2	3	4	5	Extremely Stressful 6
17. How many times have you been <i>made fun of, picked on, pushed, shoved, hit, or threatened</i>						

<i>with harm</i> because of your race/ethnic group?	Never	Once in a while	Sometimes	A lot	Most of the time	All of the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all Stressful					Extremely Stressful
How stressful was this for you?	1	2	3	4	5	6
18. How different would your life be now if you HAD NOT BEEN treated in a racist and unfair way?						
	The Same as it is now	A little different	Different in a few ways	Different in a lot of ways	Different in most ways	Totally Different
In the Past Year?	1	2	3	4	5	6
In your entire life?	1	2	3	4	5	6

Appendix C

Multidimensional Scale of Perceived Social Support (MSPSS)
Zimet, Dahlem, Zimet, & Farley (1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
 Circle the "2" if you **Strongly Disagree**
 Circle the "3" if you **Mildly Disagree**
 Circle the "4" if you are **Neutral**
 Circle the "5" if you **Mildly Agree**
 Circle the "6" if you **Strongly Agree**
 Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3. My family really tried to help me.	1	2	3	4	5	6	7
4. I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Appendix D

The Meaning in Life Questionnaire
Steger, Frazier, Oishi, & Kaler, (2006)

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't Say True or False	Somewhat True	Mostly True	Absolutely True
1	2	3	4	5	6	7

1. _____ I understand my life's meaning.
2. _____ I am looking for something that makes my life feel meaningful.
3. _____ I am always looking to find my life's purpose.
4. _____ My life has a clear sense of purpose.
5. _____ I have a good sense of what makes my life meaningful.
6. _____ I have discovered a satisfying life purpose.
7. _____ I am always searching for something that makes my life feel significant.
8. _____ I am seeking a purpose or mission for my life.
9. _____ My life has no clear purpose.
10. _____ I am searching for meaning in my life.

Appendix E

Ryff Scales of Psychological Well-Being
Purpose In Life (Subscale)
Ryff (1989)

The following set of questions deals with how you feel about yourself and your life. Please remember there are no right or wrong answers.

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
1. I feel good when I think of what I've done in the past and what I hope to do in the future.	1	2	3	4	5	6
2. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
3. I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
4. I have a sense of direction and purpose in life.	1	2	3	4	5	6
5. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
6. I don't have a good sense of what it is I am trying to accomplish in life.	1	2	3	4	5	6
7. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
8. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
9. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
10. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
11. I sometimes feel I've done all there is to do in life.	1	2	3	4	5	6
12. My aims in life have been more a source of satisfaction than frustration to me.	1	2	3	4	5	6

- | | | | | | | |
|---|---|---|---|---|---|---|
| 13. I find it satisfying to think about what I have accomplished in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. In the final analysis, I'm not so sure my life adds up to much. | 1 | 2 | 3 | 4 | 5 | 6 |

Appendix F

Sociopolitical Control Scale
Zimmerman & Zahniser (1991)

The following statements include attitudes and feelings you might have about yourself and a variety of situations. Please indicate how strongly you agree or disagree with each of the statements below using the following rating scale:

Strongly Disagree						Strongly Agree
1	2	3	4	5		6

1. _____ I am often a leader in groups.
2. _____ I would prefer to be a leader rather than a follower.
3. _____ I would rather someone else took over the leadership role when I'm involved in a group project.
4. _____ I can usually organize people to get things done.
5. _____ Other people usually follow my ideas.
6. _____ I find it very hard to talk in front of a group.
7. _____ I like to wait and see if someone else is going to solve a problem so that I don't have to be bothered by it.
8. _____ I would rather not try something I'm not good at.
9. _____ I enjoy political participation because I want to have as much say in running government as possible.
10. _____ Sometimes politics and government seem so complicated that a person like me can't really understand what's going on.
11. _____ I feel like I have a pretty good understanding of the important political issues which confront our society.
12. _____ People like me are generally well qualified to participate in the political activity and decision making in our county.
13. _____ It hardly makes any difference who I vote for because whoever gets elected does whatever he wants to do anyway.
14. _____ There are plenty of ways for people like me to have a say in what our government does.
15. _____ So many other people are active in local issues and organizations that it doesn't matter to me whether I participate or not.
16. _____ Most public officials wouldn't listen to me no matter what I did.
17. _____ A good many local elections aren't important enough to bother with.

Appendix G

Center for Epidemiologic Studies Depression Scale (CES-D Scale)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)
During the Past Week:				
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt that I could not shake off the blues even with help from my family or friends.	1	2	3	4
4. I felt that I was just as good as other people.	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt that everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	1	2	3	4
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	1	2	3	4
13. I talked less than usual.	1	2	3	4
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.	1	2	3	4
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt that people dislike me.	1	2	3	4
20. I could not get "going".	1	2	3	4

Appendix H

The Rosenberg Self-Esteem Scale

Below is a list of statements dealing with general feelings about yourself. Please indicate how strongly you agree or disagree with each of the statements below using the following rating scale:

Strongly Disagree						Strongly Agree	
1	2	3	4	5	6	7	

- | | | |
|-------|-----|--|
| _____ | 1. | I feel that I'm a person of worth, at least on an equal plane with others. |
| _____ | 2. | I feel that I have a number of good qualities. |
| _____ | 3. | All in all, I am inclined to feel that I am a failure. |
| _____ | 4. | I am able to do things as well as most other people. |
| _____ | 5. | I feel I do not have much to be proud of. |
| _____ | 6. | I take a positive attitude toward myself. |
| _____ | 7. | On the whole, I am satisfied with myself. |
| _____ | 8. | I wish I could have more respect for myself. |
| _____ | 9. | I certainly feel useless at times. |
| _____ | 10. | At times I think I am no good at all. |

Appendix I

Internet Survey Consent Form

Boston College Department of Counseling, Developmental and Educational Psychology

RE: Internet Survey Consent Form for the research study: Armored with strength: Sense of purpose, critical consciousness, and social support among college students of Color.

Investigator: Lynn Y. Walsh-Blair, M.A.

Dear Participant:

Introduction: You are being asked to participate in a research study titled “Armored with strength: Sense of purpose, critical consciousness, and social support among college students of Color” for my dissertation. I am a doctoral student in the Lynch School of Education at Boston College. My research is guided by Interim Dean Maureen Kenny, also of Boston College. This study has been approved by Human Subjects Committee at your school. You were selected to participate in this project because you are 18 years old or older, attend an undergraduate college full time, and you self-identify as a person of Color (i.e. Black/African American, Asian/Asian American, Pacific Islander, Hispanic, Latino/a, Native American, American Indian, Indigenous American, Bi-Racial/Multi-racial American). Your participation in this survey is completely voluntary and will not affect your grades, academic standing, or any other services you might receive at the college.

Purpose: The purpose of this study is to understand factors which help college-aged students of Color to do well in life.

Procedure: This study will be conducted through this online survey if you give your permission. The survey should take you approximately 25-35 minutes to complete. Please note, you will not be able to stop the survey and continue at a later date, rather it is intended to be completed in one sitting. You will be guided through the survey and asked questions about your own thoughts and feelings. There are no right or wrong answers, I am just looking for your opinions and life experiences. If at any time you do not wish to continue the survey you may stop.

Risks and Benefits: People typically enjoy answering questions about themselves. However, answering some of the questions may be upsetting. If this happens, please know you can choose to stop the survey, and if you would like to contact me to discuss it further, a link to my information is below and will also be provided at the end of the survey to set up a time to talk. There are no direct benefits to every person taking the survey, but you may feel gratified knowing that you helped further the scholarly work in this research area.

Costs: There are no costs to you associated with your participation.

Compensation: All participants who complete surveys may choose to provide their email address for a raffle where they may have a chance at one of two gift cards valued at \$150.00 each

to Amazon.com. The raffle will be drawn at the end of the data collection period. Please know that by entering the survey with your email, your email address will not be linked to your survey answers. You are also not required to enter the raffle if you choose.

Withdrawal from the study: You may choose to withdraw from the study at any point while taking the survey and will have no effect to you or relationship to the college. Since your information is not directly linked to a name or email address however, if you choose to withdraw from the study after completing and submitting the survey online, there would be no way to do so because the data is not identifiable at that point. Withdrawing from the survey means you will not be allowed to enter the raffle at the end of the survey.

Confidentiality: I will exert all reasonable efforts to keep your responses and your identity confidential. No one will know you participated in this survey unless you tell them. All results of the survey will be identified with ID numbers and no names or emails will be linked to the survey data. The online survey result documents will be given to me via password protected email in a document already de-identified. The answers will remain in password protected file on a password protected computer. The information from your survey will be combined with information from other participants' surveys. Therefore, when I write up the results for this dissertation or publication, I will only refer to the combined information, not an individual's response. Please note that regulatory agencies, the Boston College Institutional Review Board, and Boston College internal auditors may review research records.

You participation is voluntary. If you choose not to participate it will not affect your relations with your institution. You are free to withdraw or skip questions for any reason. There are no penalties for withdrawing or skipping questions.

Questions: If you have questions or concerns concerning this research you may contact me (413-575-7152 or walshly@bc.edu) or the supervisor of this study Interim Dean Maureen Kenny (617-552-4200 or kennym@bc.edu). If you have questions about your rights as a research participant, you may contact the Office for Research Protections, Boston College, at 617-552-4778 or irb@bc.edu.

This study was reviewed by the Boston College Institutional Review Board and its approval was granted on *[insert approval date]*.

If you agree to the statements above and agree to participate in this study, please press the "Consent Given" button below.

I have read this paper about the study or it was read to me. I understand the possible risks and benefits of this study. I know that being in this study is voluntary. I choose to be in this study. I will get a copy of this consent form.

[Participants will be allowed to click a "Print" button on the consent form screen in the on-line version of the survey, the "Print" button will appear on the bottom right hand corner of the consent form near the "Consent Given" button. This will allow participants to print the full consent form]

Thank you very much for your time and interest in this study!

Sincerely,

Lynn Y. Walsh-Blair, M.A.
Lynch School of Education
Boston College